



WEBINAR

# THE INTERSECTION OF OPIOIDS AND SUICIDE

A Prevention Approach

OCTOBER 25, 2018 | 2:00 – 3:30 P.M. EDT

A photograph of a young woman and a young man smiling. The woman is hugging the man from behind. They are both looking towards the camera. The background is bright and out of focus.

INSPIRING  
**ACTION**  
CHANGING  
**LIVES**

In the chat pod, share with us:

If you could define  
**prevention** with one word,  
what would it be?

# The Intersection of Opioids and Suicide: A Prevention Approach

National Prevention Week Webinar  
October 25, 2018

Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Substance Abuse Prevention (CSAP), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

This meeting will be recorded for archiving purposes.



# David Lamont Wilson

NPW Coordinator, Public Affairs Specialist  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration



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Services Administration

# NPW 2019 Webinar Series

| Month             | Webinar Topic  |
|-------------------|--|
| October 25, 2018  | The Intersection of Opioids and Suicide: A Prevention Approach                                     |
| November 15, 2018 | Marketing Impact: How NPW Amplifies Community Prevention Programs, Campaigns, and Initiatives      |
| December 2018     | Prevention as a Profession: A Prevention Workforce Development Webinar                             |
| January 2019      | Deploying Substance Use Prevention in Military Communities   |
| February 2019     | Teens and Vaping Prevention  |
| March 2019        | Opioid Use Prevention and Older Adults   |
| April 2019        | Tips for Teens: Engaging Teens in Substance Use Prevention   |
| May 2019          | Communities Talk: Town Hall Meeting to Prevent Underage Drinking Albuquerque, New Mexico (webcast) |

# Today's Presenters

- **Richard T. McKeon, Ph.D., MPH**, Chief, Suicide Prevention Branch, SAMHSA
- **Kristen Quinlan, Ph.D.**, Epidemiologist, SAMHSA's Suicide Prevention Resource Center (SPRC)
- **Kerri Smith Nickerson, LCSW, MPH**, Director, Grantee and State Initiatives, SPRC
- **Kelley Cunningham**, Director, Suicide Prevention Program, Massachusetts Department of Public Health





INSPIRING  
**ACTION**  
CHANGING  
**LIVES**

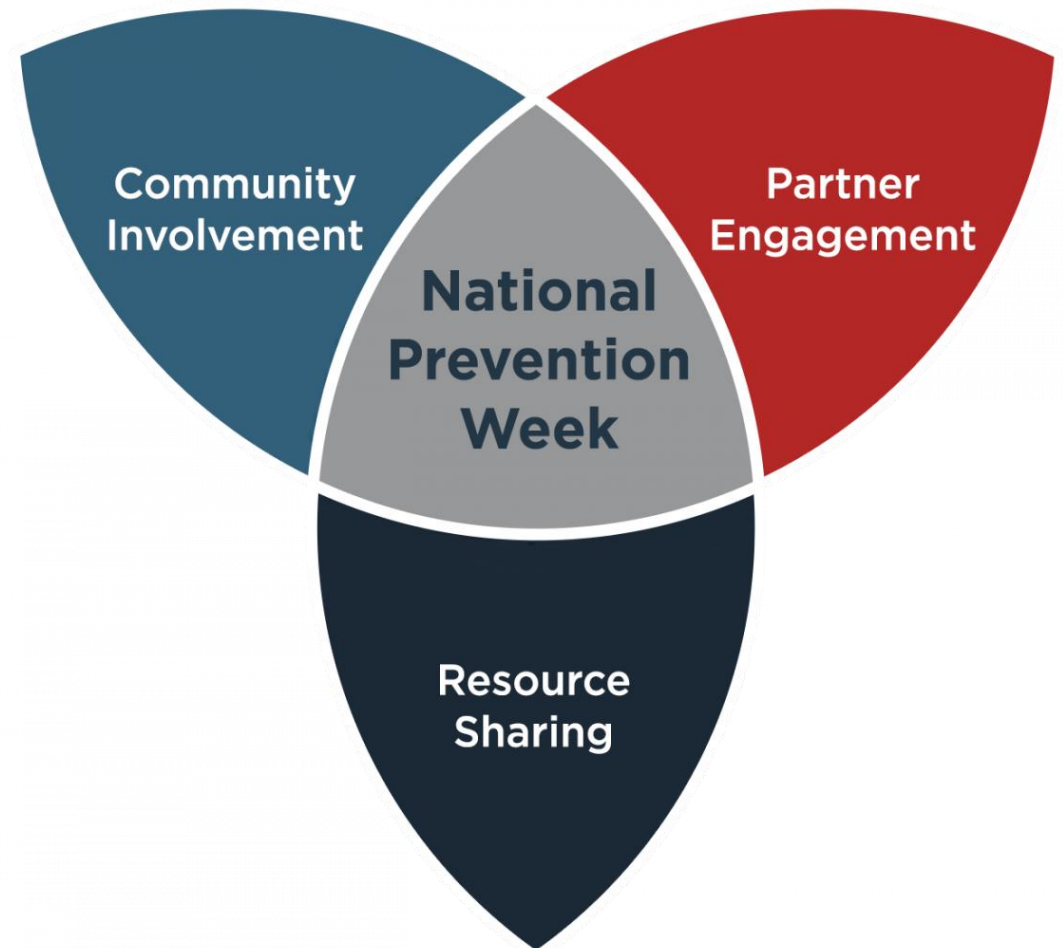
**NPW**  
national prevention week

**MAY 12-18, 2019**  
[www.samhsa.gov/prevention-week](http://www.samhsa.gov/prevention-week)

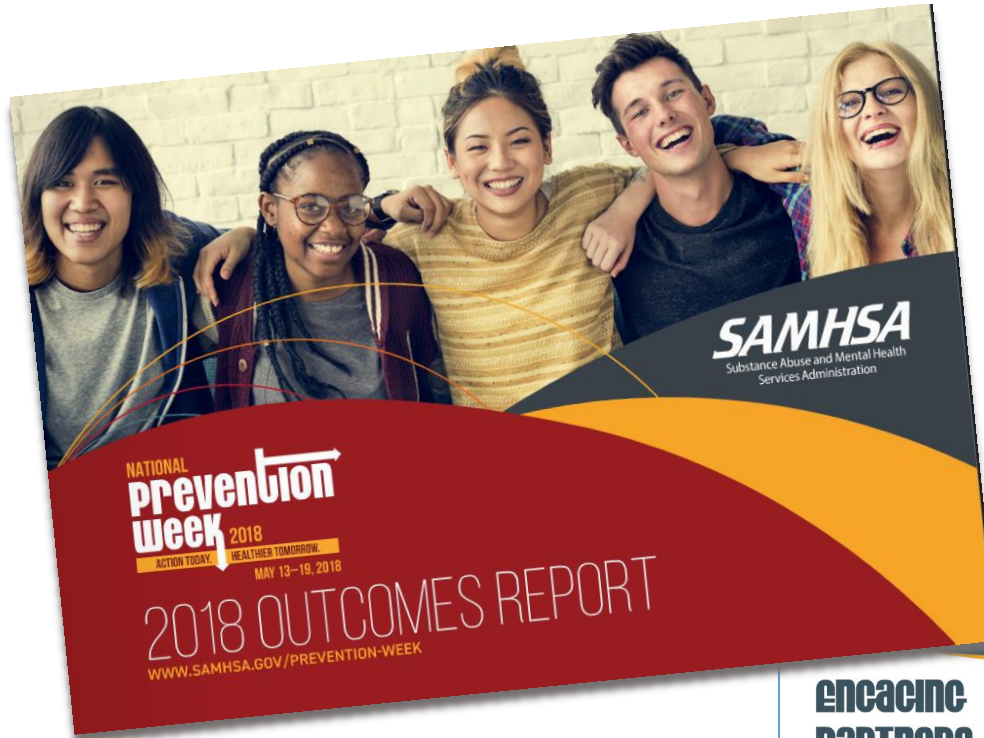


# NPW Goals

- To involve **communities** in raising awareness of behavioral health issues and in implementing prevention strategies, and showcasing effectiveness of evidence-based prevention programs.
- To foster **partnerships and collaboration** with federal agencies and national organizations dedicated to behavioral and public health.
- To promote and disseminate quality **behavioral health resources and publications**.



# Available NOW! NPW 2018 Outcomes Report



Genesee County, Michigan

## communities in action

### ★ The Beech Grove Comprehensive Drug Free Coalition, INDIANA

The Beech Grove Comprehensive Drug Free Coalition hosted an NPW event on the front steps of City Hall in Beech Grove, bringing together partners, local businesses, and community members. The governor of Indiana, Eric Holcomb, spoke at the event, along with the Beech Grove mayor Dennis Buckley. Health organizations and elected officials spoke to participants about substance misuse and prevention in their communities.

NPW 2018 OUTCOMES REPORT

### ★ 3<sup>rd</sup> Annual CARE Community Health Fair, ARIZONA

Touchstone Health Services and the CARE Coalition Arizona teamed up to host a community health and wellness fair during National Prevention Week, which included health screenings and informational booths, and offered educational resources on finances, behavioral health, prevention programming, and more.

### ★ Ritzville School District, WASHINGTON

The Ritzville School District hosted a week of NPW activities for students during their lunch hour. The student-led activities featured posters, videos, games, and tests related to the daily NPW themes. The week culminated in an assembly of guest speakers, with 383 students and community members in attendance.

### ★ Safe and Sober Rally with Mack Alive and Partnership for a Drug-Free Detroit, MICHIGAN

Mack Alive is an organization whose mission is to enhance youth growth and development on the east side of Detroit through comprehensive services that educate, empower, and elevate the community. For NPW, it hosted a safe and sober rally on the grounds of Martin Luther King Jr. Senior High School in Detroit. Additional prevention partners provided students with information on programs for those seeking help with prevention and/or recovery. Mack Alive offered a class on safe driving and information on positive ways that students can spend the summer.

### ★ Detroit Wayne Mental Health Authority, MICHIGAN

The Detroit Wayne Mental Health Authority held a presentation for prevention providers titled "Orientation for Prevention of Substance Use and Promotion of Mental Health." The presentation was designed to cover local, state, and federal updates; review contractual grant management requirements; and coordinate efforts to strengthen support for innovative and funded services throughout the region and community. The meeting, with 45 people in attendance, highlighted the Thursday NPW theme of "Prevention of Illicit Drug Use & Youth Marijuana Use."

### ★ Genesee County Prevention Coalition, MICHIGAN

The Genesee County Prevention Coalition created PowerPoint slide decks for each day during NPW that included statistics and information on the daily theme. The coalition held a viewing of an opioid documentary for the community, hosted a vendor table at the Flint Farmers' Market to hand out NPW materials as well as other prevention materials, and attended the Unite to Face Addiction Rally in Lansing, MI, to help raise awareness of NPW.

### ★ HealthStreet, University of Florida, FLORIDA

HealthStreet, a community engagement program at the University of Florida, hosted a town hall event, "Opioid Addiction: Controversies Surrounding Treatment," to discuss medication-assisted treatment and raise awareness about opioid misuse. In a highly anticipated follow-up to its August 2017

town hall, "Opioids: A Crisis Facing Our Communities," the May 21 event gave the community an opportunity to discuss with medical professionals the latest findings in therapeutic strategies, as well as the controversies that surround treatment. The town hall was streamed online.

### ★ Cheyenne and Arapaho Tribes—Tradition Not Addiction, OKLAHOMA

At El Reno High School, the principal welcomed NPW and Tradition Not Addiction to put on a school assembly discussing underage drinking, prescription and opioid drug misuse, and suicide prevention. In addition, Tradition Not Addiction created a poster to display at the assembly to represent Native American culture and promote the NPW Dear Future Me Prevention Challenge.



Cheyenne and Arapaho Tribes, Oklahoma

## Engaging Partners and Influencers

Partners' commitment to NPW has been key to helping SAMHSA raise awareness and action around substance misuse prevention and positive mental health in communities. That's why engaging more partners is always an NPW goal. In 2018, SAMHSA collaborated with 46 leading national organizations and federal agencies to amplify the reach of NPW 2018 and inspire communities to take action today for a healthier tomorrow.

From helping to develop this year's theme, "Action Today. Healthier Tomorrow," to supporting the Dear Future Me Prevention Challenge video production, partners helped NPW 2018 reach new heights!

NPW 2018 OUTCOMES REPORT

SAMHSA equipped partners with materials and resources to support their NPW initiatives. Thanks to tailored toolkits with sample social media messages and graphics, partners shared the message of prevention and encouraged communities to participate in the Dear Future Me Prevention Challenge.

The EMPOWER Program at the Medical University of South Carolina featured videos of students reading their Dear Future Me letters on their social media channels each day during NPW. The EMPOWER Program students' encouraging and uplifting letters drew from the NPW daily themes.

SAMHSA also shared ideas and encouraged partners to host NPW events. Students Against Destructive Decisions (SADD) hosted an event with the governor and first lady of North Dakota where they discussed state-level prevention efforts and initiatives for the health and well-being of North Dakota residents.

The Hawaii Partnership to Prevent Underage Drinking appeared on their local news! Students from Waipahu Intermediate and High Schools used dance to raise awareness about prevention of substance use and misuse.

## PARTNER ENGAGEMENT METRICS



### NPW PARTNER ROCKSTARS (IN ALPHABETICAL ORDER)

- ACT Missouri
- American Society of Addiction Medicine
- Boys & Girls Clubs of America
- Carroll County (MD) Health Department
- DEA
- EMPOWER Program, Medical University of South Carolina
- Facing Addiction
- Hawaii Partnership to Prevent Underage Drinking
- Jed Foundation
- Mary's Center
- National Alliance for Hispanic Health
- National Council for Behavioral Health
- NIAAA
- NIDA
- Office of Adolescent Health
- Saving Others for Archie
- Students Against Destructive Decisions
- Tradition Not Addiction
- USAID
- Vemon Coalition

NPW 2018 OUTCOMES REPORT

Visit [www.samhsa.gov/prevention-week](http://www.samhsa.gov/prevention-week) to view and share

# NPW 2019 Daily Health Themes



INSPIRING

**ACTION**

CHANGING

**LIVES**

**Monday, May 13**

**Prevention of Prescription & Opioid Drug Misuse**

**Tuesday, May 14**

**Prevention of Underage Drinking & Alcohol Misuse**

**Wednesday, May 15**

**Prevention of Illicit Drug Use & Youth Marijuana Use**

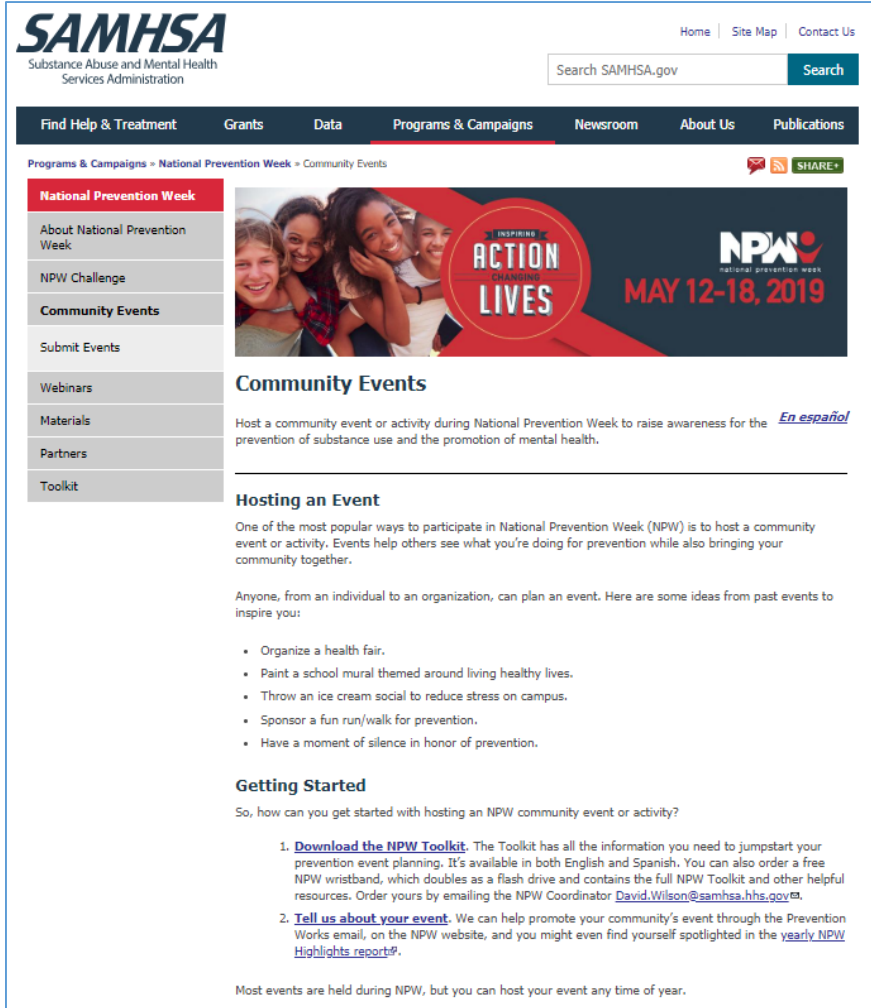
**Thursday, May 16**

**Prevention of Youth Tobacco Use**

**Friday, May 17**

**Prevention of Suicide**

# Have NPW Plans? Tell Us



The screenshot shows the SAMHSA website's "National Prevention Week" section. The header includes the SAMHSA logo, navigation links (Home, Site Map, Contact Us), a search bar, and a main menu with categories like "Find Help & Treatment", "Grants", "Data", "Programs & Campaigns" (which is highlighted), "Newsroom", "About Us", and "Publications". Below the main menu, there's a sub-menu for "Programs & Campaigns" with links to "National Prevention Week" and "Community Events". The "National Prevention Week" section features a large banner with the text "INSPIRING ACTION LIVES" and "NPW MAY 12-18, 2019". To the left of the banner is a sidebar with links: "About National Prevention Week", "NPW Challenge", "Community Events" (highlighted), "Submit Events", "Webinars", "Materials", "Partners", and "Toolkit". The "Community Events" section includes a description of the event, a link to "En español", and a "Hosting an Event" section with a list of ideas: "Organize a health fair", "Paint a school mural themed around living healthy lives", "Throw an ice cream social to reduce stress on campus", "Sponsor a fun run/walk for prevention", and "Have a moment of silence in honor of prevention". The "Getting Started" section provides instructions on how to get started with hosting an NPW community event or activity, including links to "Download the NPW Toolkit" and "Tell us about your event".

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Substance Abuse and Mental Health  
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Programs & Campaigns » National Prevention Week » Community Events

**National Prevention Week**

About National Prevention Week  
NPW Challenge  
**Community Events**  
Submit Events  
Webinars  
Materials  
Partners  
Toolkit

**Community Events**

Host a community event or activity during National Prevention Week to raise awareness for the prevention of substance use and the promotion of mental health. [En español](#)

**Hosting an Event**

One of the most popular ways to participate in National Prevention Week (NPW) is to host a community event or activity. Events help others see what you're doing for prevention while also bringing your community together.

Anyone, from an individual to an organization, can plan an event. Here are some ideas from past events to inspire you:

- Organize a health fair.
- Paint a school mural themed around living healthy lives.
- Throw an ice cream social to reduce stress on campus.
- Sponsor a fun run/walk for prevention.
- Have a moment of silence in honor of prevention.

**Getting Started**

So, how can you get started with hosting an NPW community event or activity?

1. [Download the NPW Toolkit](#). The Toolkit has all the information you need to jumpstart your prevention event planning. It's available in both English and Spanish. You can also order a free NPW wristband, which doubles as a flash drive and contains the full NPW Toolkit and other helpful resources. Order yours by emailing the NPW Coordinator [David.Wilson@samhsa.hhs.gov](mailto:David.Wilson@samhsa.hhs.gov).
2. [Tell us about your event](#). We can help promote your community's event through the Prevention Works email, on the NPW website, and you might even find yourself spotlighted in the [yearly NPW Highlights report](#).


Most events are held during NPW, but you can host your event any time of year.

## Get more exposure for your NPW activity!

- Submit event details through the NPW website and we'll help promote it.
- Visit the NPW website's "Event Submission Form" page:  
**[samhsa.gov/prevention-week/community-events/submit-events](https://samhsa.gov/prevention-week/community-events/submit-events)**
- Bookmark the page!




# Stay Connected: Sign Up for Prevention Works!



October 2018


**Don't miss this webinar: The Intersection of Opioids and Suicide**

The first webinar in SAMHSA's National Prevention Week 2019 webinar series. ["The Intersection of Opioids and Suicide,"](#) will feature a discussion about the relationship and intersection of two growing public health challenges, opioid misuse and suicide, as well as about what prevention strategies and approaches can be used to address them at the national and state levels. The webinar will take place on Thursday, October 25, from 2:00 pm – 3:30 pm EDT. [Register now!](#)



**Calling all college students! The Red Ribbon Week Campus Video PSA Contest is back**

As part of the Drug Enforcement Administration (DEA) Red Ribbon Week campaign, the DEA and SAMHSA are co-sponsoring a [Campus Video PSA Contest](#) for colleges and universities to promote the importance of preventing alcohol abuse and the non-medical use of prescription stimulants among college students. Eligible entrants must create a 30- to 60-second video public service announcement showcasing a commitment to a healthy, drug-free lifestyle, especially among college students. The deadline for entries is November 9.




**Need tips on how to foster a tobacco-free workplace?**

If you are an employer or prevention professional looking for tips on how to successfully implement tobacco cessation programs, look no further than SAMHSA's quick guide, ["Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings."](#) The free guide contains an overview of the challenges associated with tobacco cessation and the benefits of being tobacco-free for individuals as well as for the workplace.



**Community Spotlight: Vista Community Clinic**

[Vista Community Clinic](#) in North San Diego, CA, is a regional health provider whose innovative model of community health provides low-cost, high-quality health care. The clinic commemorated NPW 2018 by staffing information tables and holding outreach events with local youth in alternative school settings. These events included an inspiring interview with a youth who went from smoking meth and participating in gang activity to a healthier lifestyle. From that interview, the clinic crafted two videos that are part of their Community PROMISE intervention and are distributed to youth through Instagram and as printed copies.



Visit [www.samhsa.gov/prevention-week](http://www.samhsa.gov/prevention-week)

- Sign up for Prevention Works emails
- Receive emails throughout the year featuring the latest prevention resources, NPW news, and prevention strategies and ideas to strengthen your work in the field

# Prevention Every Day







# Richard T. McKeon, Ph.D., MPH

Suicide Prevention Branch Chief  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

# National Prevention Week Webinar

- Suicide, Substance Use, and Opioids: Opportunities for Prevention

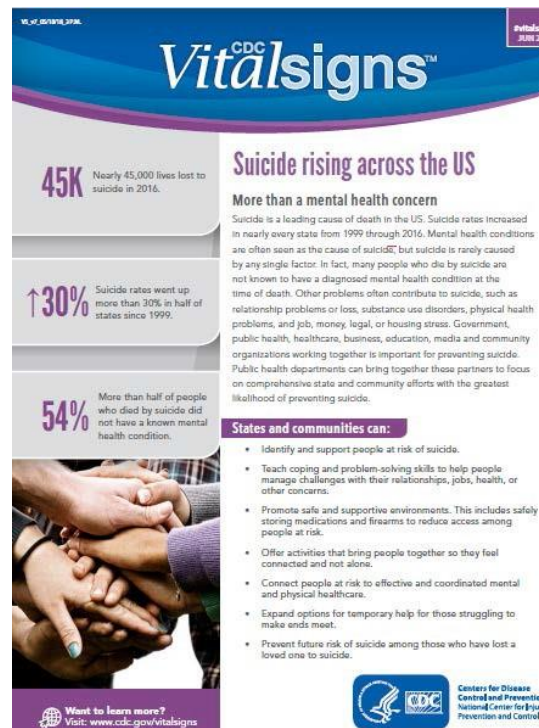
Richard McKeon, Ph.D., Chief, Suicide Prevention Branch  
SAMHSA



# Disclaimer

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# CDC Vital Signs: Suicide rising across the U.S. More than a mental health concern



Centers for Disease Control and Prevention  
**MMWR**  
Weekly / Vol. 67 / No. 22

Morbidity and Mortality Weekly Report  
June 8, 2018

## Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015

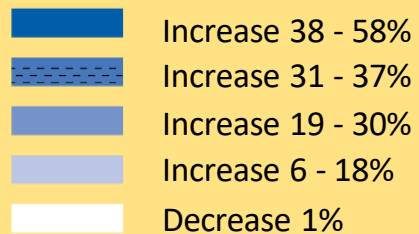
Deborah M. Stone, ScD<sup>1</sup>; Thomas R. Simon PhD<sup>1</sup>; Katherine A. Fowler, PhD<sup>1</sup>; Scott R. Kegler, PhD<sup>2</sup>; Keming Yuan, MS<sup>1</sup>; Kristin M. Holland, PhD<sup>1</sup>; Asha Z. Ivey-Stephenson, PhD<sup>1</sup>; Alex E. Crosby, MD<sup>1</sup>

**Deborah M. Stone, ScD, MSW, MPH**  
Behavioral Scientist

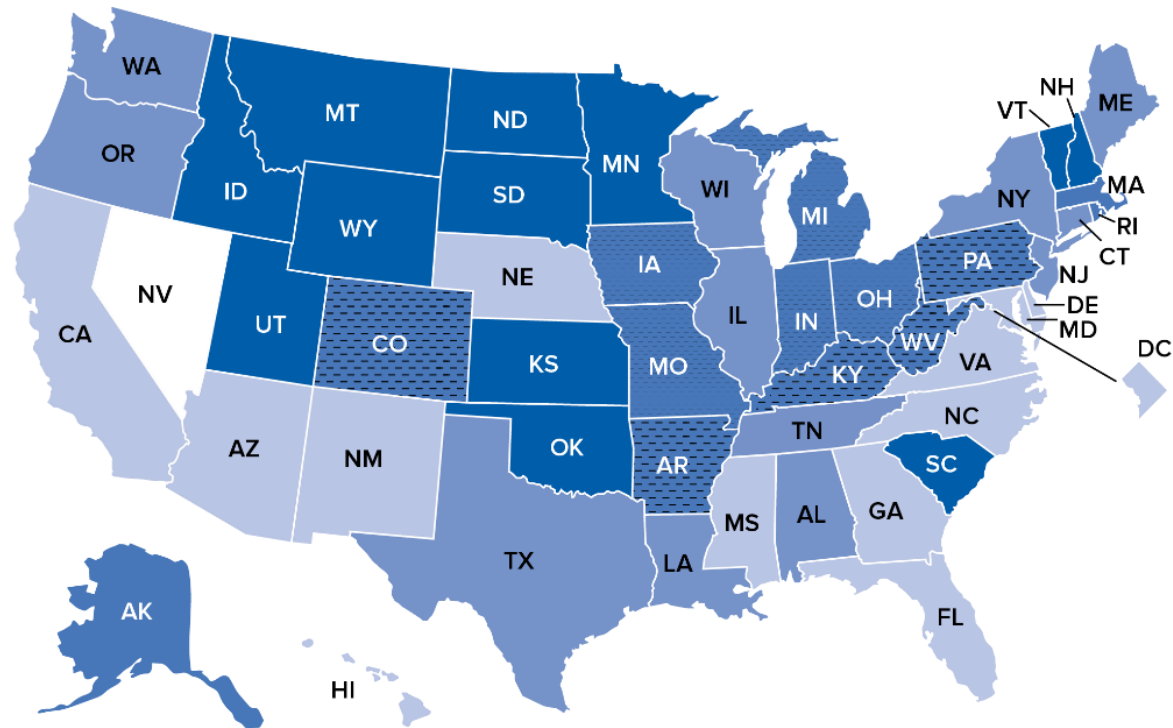
June 12, 2018

# *PROBLEM* SUICIDE RATES INCREASED IN ALMOST EVERY STATE.

Suicide rates rose across the US  
from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System;  
CDC Vital Signs, June 2018.







## RESULTS

**45K** Nearly 45,000 lives lost to suicide in 2016.

**↑30%** Suicide rates went up more than 30 percent in half of states since 1999.

More than half of people who died by suicide did not have a known mental health condition.

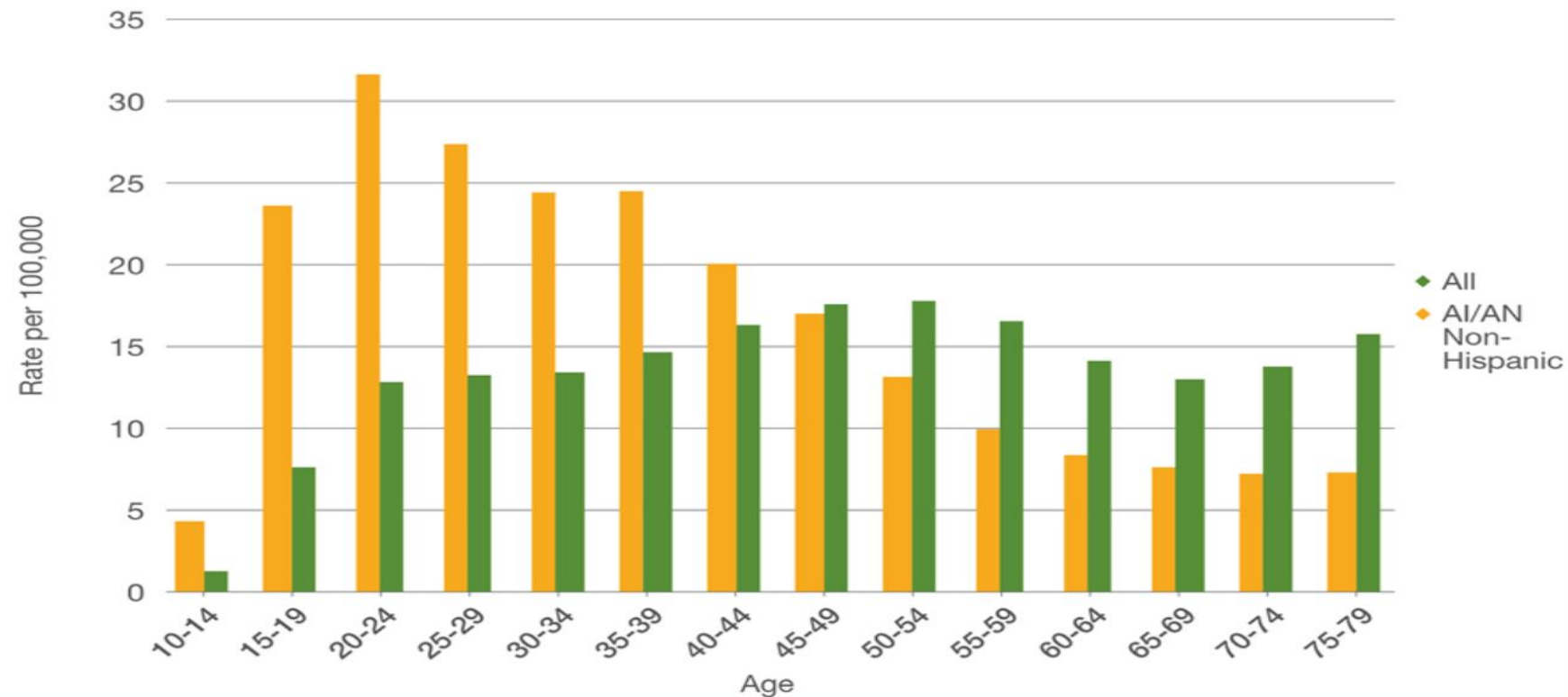


# Percentage increases in state suicide rates Top 10

| Supplementary Table. Trends in Suicide Rates among Persons ≥ 10 Years of Age, by State and Sex, National Vital Statistics System, 1999 – 2016 |        |   |              |              |              |              |              |                 |                      |                                    |  |
|---|--------|---|--------------|--------------|--------------|--------------|--------------|-----------------|----------------------|------------------------------------|--|
| State   | Sex    | Age-Adjusted Annual Rate per 100,000 Persons (Change from Prior Period) * |              |              |              |              |              | Modeled AAPC †  | Current State Rank ‡ | Overall Rate Change (State Rank) ¶ | Overall Percent Change (State Rank) ** |
|   |        | 1999 – 2001   | 2002 – 2004  | 2005 – 2007  | 2008 – 2010  | 2011 – 2013  | 2014 – 2016  |                 |                      |                                    |  |
| ND  | Both   | 13.3 (n/a)  | 14.6 (+ 1.3) | 16.0 (+ 1.4) | 16.6 (+ 0.6) | 18.4 (+ 1.9) | 20.9 (+ 2.5) | + 2.9 % (p<.01) | 14                   | + 7.6 ( 5)                         | + 57.6 % ( 1)                          |
|   | Male   | 21.4 (n/a)  | 24.6 (+ 3.2) | 28.0 (+ 3.4) | 27.1 (- 0.9) | 29.6 (+ 2.5) | 32.7 (+ 3.0) | + 2.5 % (p<.01) |                      |                                    |  |
|   | Female | 5.6 (n/a)   | 4.5 (- 1.0)  | 3.7 (- 0.8)  | 5.7 (+ 2.0)  | 6.7 (+ 1.0)  | 8.5 (+ 1.8)  | + 3.9 % n/s     |                      |                                    |  |
| VT  | Both   | 13.2 (n/a)  | 16.2 (+ 3.0) | 14.9 (- 1.3) | 16.6 (+ 1.7) | 18.7 (+ 2.1) | 19.7 (+ 1.0) | + 2.4 % (p<.01) | 18                   | + 6.4 ( 9)                         | + 48.6 % ( 2)                          |
|   | Male   | 23.6 (n/a)  | 28.3 (+ 4.6) | 24.3 (- 4.0) | 27.3 (+ 3.0) | 31.0 (+ 3.7) | 32.5 (+ 1.5) | + 1.9 % (p<.05) |                      |                                    |  |
|   | Female | 4.3 (n/a)   | 5.2 (+ 0.9)  | 6.4 (+ 1.3)  | 6.6 (+ 0.2)  | 7.3 (+ 0.7)  | 7.6 (+ 0.3)  | + 3.8 % (p<.01) |                      |                                    |  |
| NH  | Both   | 13.5 (n/a)  | 12.5 (- 1.0) | 13.3 (+ 0.8) | 15.2 (+ 1.9) | 15.8 (+ 0.6) | 20.0 (+ 4.2) | + 2.7 % (p<.05) | 17                   | + 6.5 ( 8)                         | + 48.3 % ( 3)                          |
|   | Male   | 22.5 (n/a)  | 21.1 (- 1.4) | 21.7 (+ 0.6) | 24.8 (+ 3.1) | 25.4 (+ 0.6) | 30.6 (+ 5.2) | + 2.2 % (p<.05) |                      |                                    |  |
|   | Female | 5.3 (n/a)   | 4.8 (- 0.5)  | 5.9 (+ 1.0)  | 6.2 (+ 0.4)  | 6.6 (+ 0.4)  | 9.8 (+ 3.2)  | + 3.9 % (p<.05) |                      |                                    |  |
| UT  | Both   | 17.2 (n/a)  | 19.0 (+ 1.8) | 18.2 (- 0.7) | 20.2 (+ 2.0) | 24.0 (+ 3.8) | 25.2 (+ 1.2) | + 2.7 % (p<.01) | 5                    | + 8.0 ( 3 ¶¶)                      | + 46.5 % ( 4 ¶¶)                       |
|   | Male   | 28.2 (n/a)  | 31.1 (+ 2.9) | 29.4 (- 1.7) | 32.1 (+ 2.7) | 37.8 (+ 5.7) | 38.0 (+ 0.2) | + 2.1 % (p<.05) |                      |                                    |  |
|   | Female | 6.8 (n/a)   | 7.4 (+ 0.6)  | 7.5 (+ 0.1)  | 8.5 (+ 1.0)  | 10.6 (+ 2.1) | 12.6 (+ 2.0) | + 4.4 % (p<.01) |                      |                                    |  |
| KS  | Both   | 13.3 (n/a)  | 15.1 (+ 1.8) | 15.8 (+ 0.7) | 15.3 (- 0.5) | 17.7 (+ 2.4) | 19.4 (+ 1.6) | + 2.2 % (p<.01) | 19                   | + 6.0 (11)                         | + 45.0 % ( 5)                          |
|   | Male   | 22.7 (n/a)  | 25.0 (+ 2.3) | 26.5 (+ 1.5) | 25.6 (- 0.9) | 29.1 (+ 3.5) | 30.7 (+ 1.6) | + 1.9 % (p<.01) |                      |                                    |  |
|   | Female | 4.6 (n/a)   | 6.0 (+ 1.4)  | 5.7 (- 0.3)  | 5.4 (- 0.3)  | 6.8 (+ 1.4)  | 8.4 (+ 1.6)  | + 3.2 % (p<.05) |                      |                                    |  |
| SD  | Both   | 15.7 (n/a)  | 15.8 (+ 0.1) | 17.1 (+ 1.3) | 19.3 (+ 2.2) | 19.7 (+ 0.4) | 22.8 (+ 2.9) | + 2.5 % (p<.01) | 10                   | + 7.0 ( 7)                         | + 44.5 % ( 6)                          |
|   | Male   | 27.6 (n/a)  | 26.3 (- 1.3) | 27.9 (+ 1.6) | 30.1 (+ 2.2) | 32.0 (+ 1.9) | 33.6 (+ 1.6) | + 1.6 % (p<.01) |                      |                                    |  |
|   | Female | 4.2 (n/a)   | 5.8 (+ 1.6)  | 6.4 (+ 0.6)  | 8.3 (+ 2.0)  | 7.3 (- 1.0)  | 11.3 (+ 4.0) | + 5.8 % (p<.01) |                      |                                    |  |

# Statistics

## Suicide Rate by Age for American Indian/Alaska Native Compared to United States (Average 2000–2013)



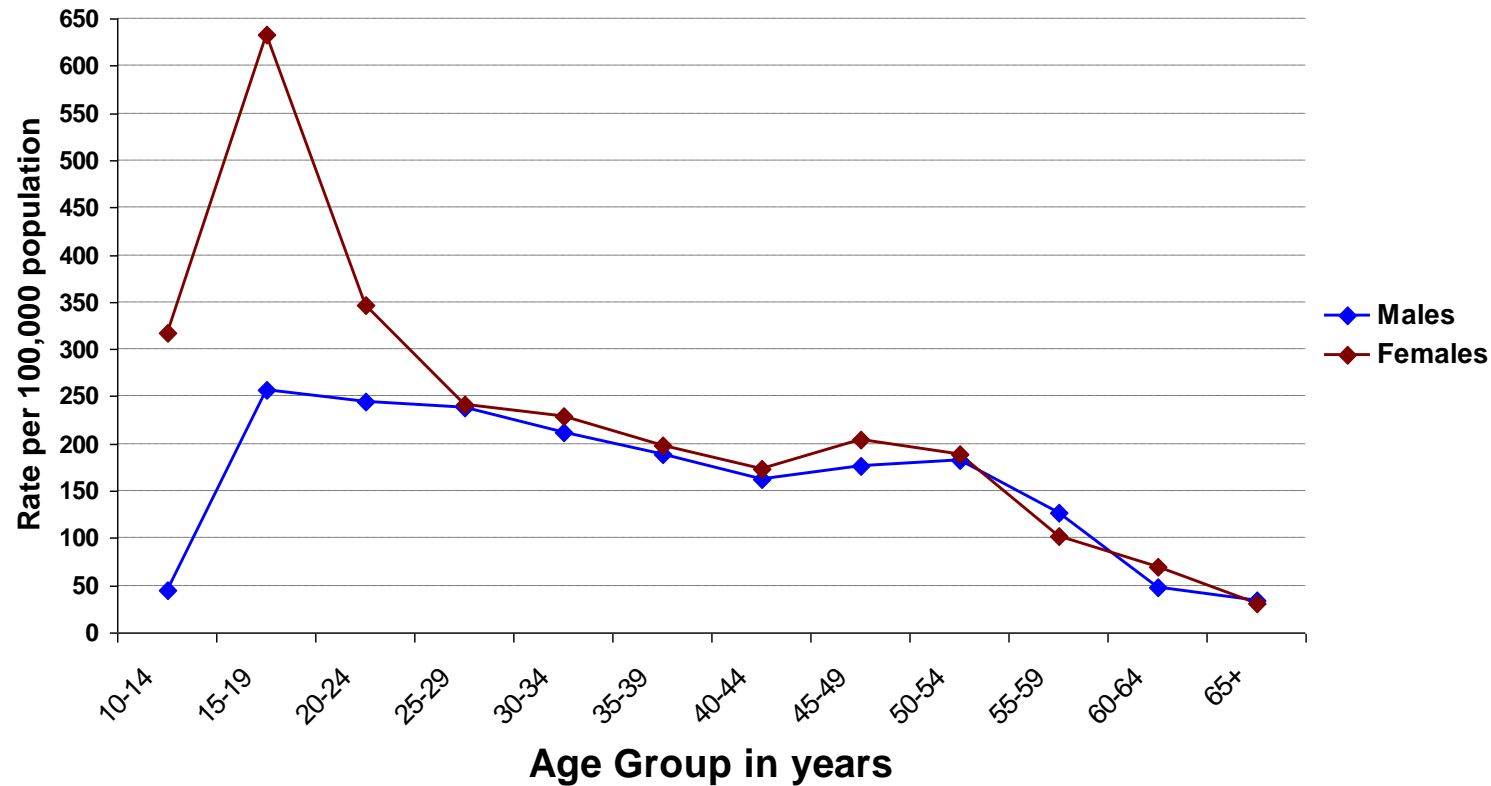
Source: WISQARS Fatal Injury Reports, 1999–2013

# Leading causes of death for selected age groups–United States, 2016

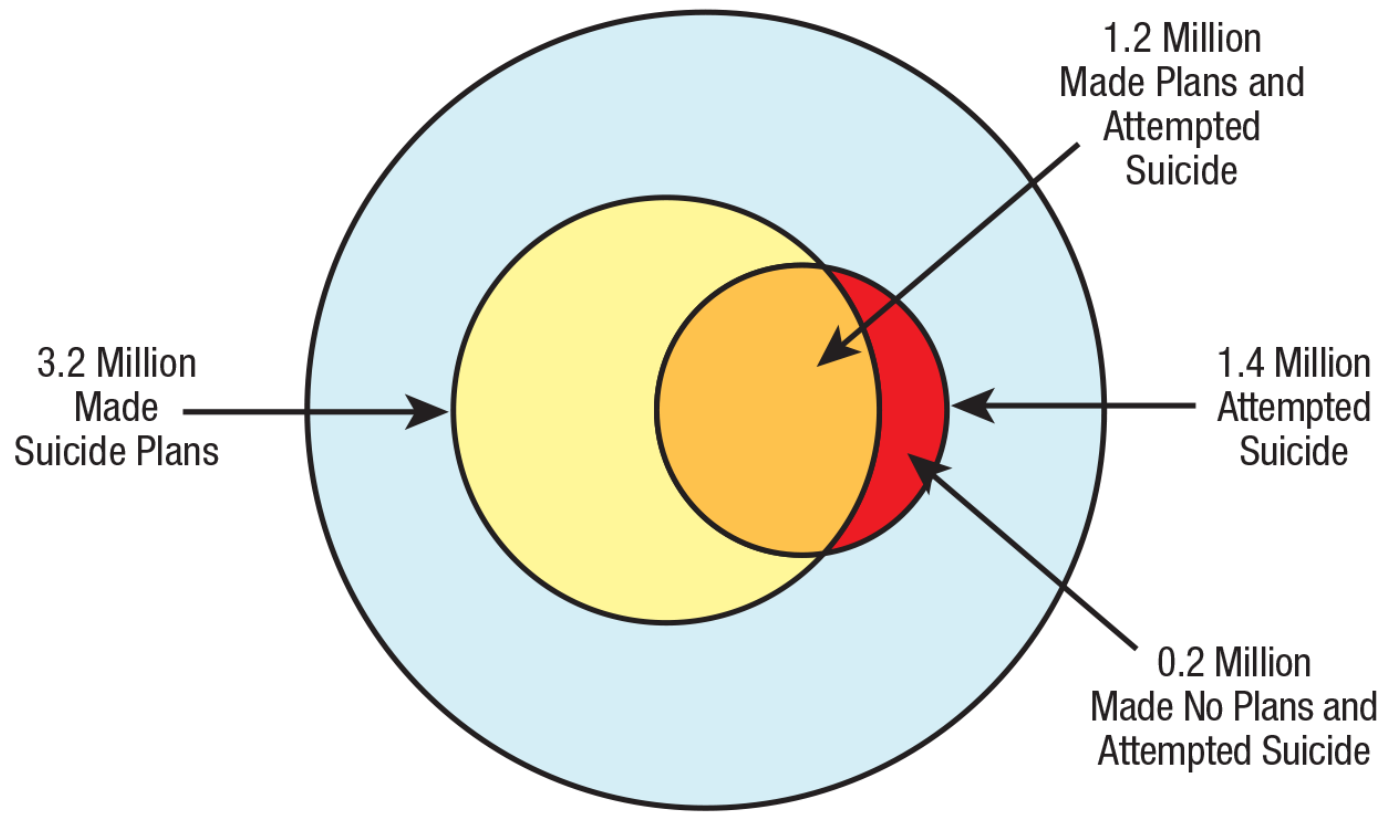
| Rank | 10-14 years                  | 15-19 years                  | 20-29 years              | 30-39 years            | 40-49 years            | 50-59 years                  |
|------|------------------------------|------------------------------|--------------------------|------------------------|------------------------|------------------------------|
| 1    | Unintentional Injuries       | Unintentional Injuries       | Unintentional Injuries   | Unintentional Injuries | Unintentional Injuries | Malignant Neoplasms          |
| 2    | <b>Suicide</b>               | <b>Suicide</b>               | <b>Suicide</b>           | <b>Suicide</b>         | Malignant Neoplasms    | Heart Disease                |
| 3    | Malignant Neoplasms          | Homicide                     | Homicide                 | Malignant Neoplasms    | Heart Disease          | Unintentional Injuries       |
| 4    | Homicide                     | Malignant Neoplasms          | Malignant Neoplasms      | Heart Disease          | <b>Suicide</b>         | Liver Disease                |
| 5    | Congenital Malformations     | Heart Disease                | Heart Disease            | Homicide               | Liver Disease          | Chronic Lower Respiratory Ds |
| 6    | Heart Disease                | Congenital Malformations     | Diabetes Mellitus        | Liver Disease          | Diabetes Mellitus      | Diabetes Mellitus            |
| 7    | Chronic Lower Respiratory Ds | Chronic Lower Respiratory Ds | Congenital Malformations | Diabetes Mellitus      | Cerebro-Vascular       | <b>Suicide</b>               |
| 8    | Cerebro-Vascular             | Cerebro-Vascular             | Complicated pregnancy    | Cerebro-Vascular       | Homicide               | Cerebro-Vascular             |

Source: CDC vital statistics

# Self-inflicted injury among all persons by age and sex— United States, 2015

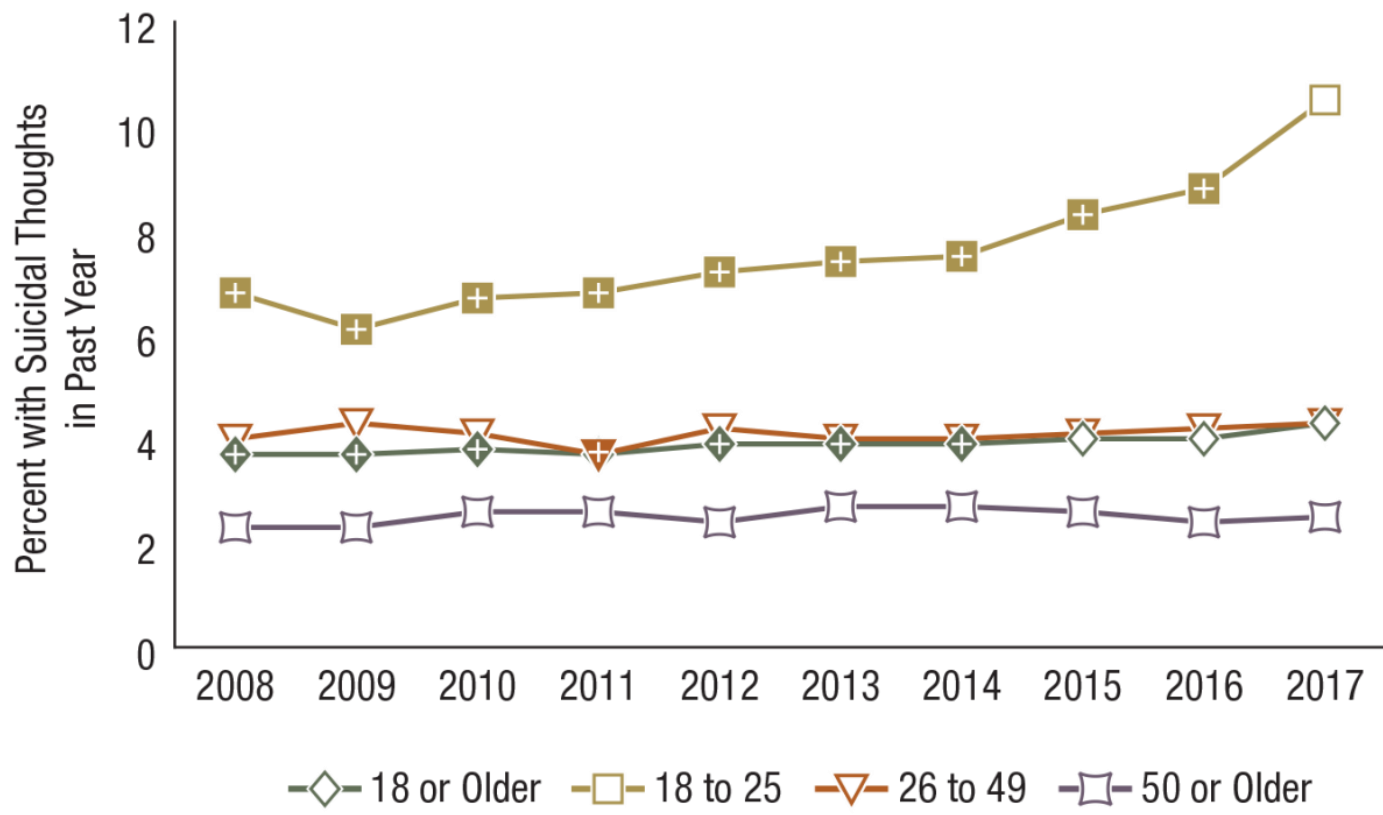


# Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged 18 or Older: Numbers in Millions, 2017



10.6 Million Adults Had Serious Thoughts of Committing Suicide

# Suicidal Thoughts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017

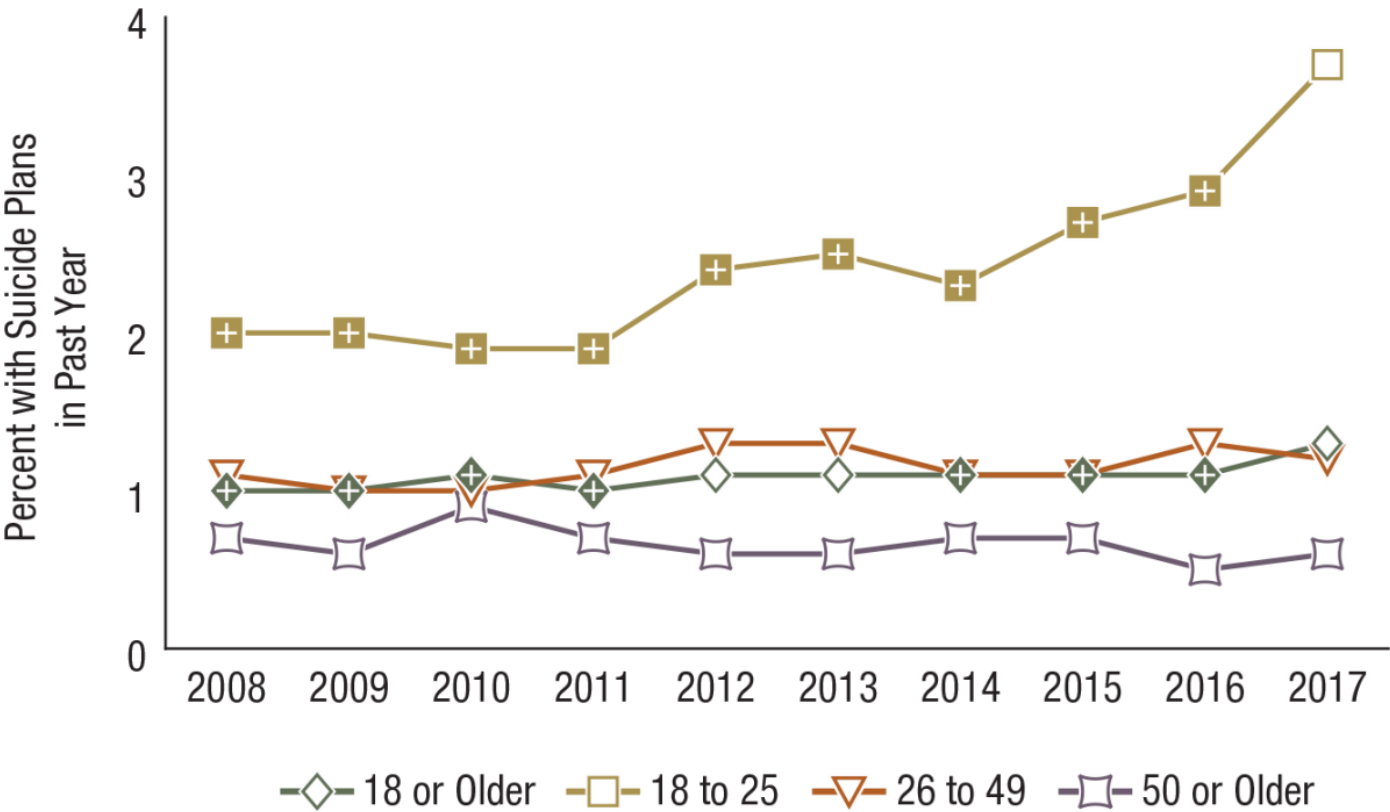


| Age Group   | 2008             | 2009             | 2010             | 2011             | 2012             | 2013             | 2014             | 2015             | 2016             | 2017 |
|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------|
| 18 or Older | 3.7 <sup>+</sup> | 3.7 <sup>+</sup> | 3.8 <sup>+</sup> | 3.7 <sup>+</sup> | 3.9 <sup>+</sup> | 3.9 <sup>+</sup> | 3.9 <sup>+</sup> | 4.0              | 4.0              | 4.3  |
| 18 to 25    | 6.8 <sup>+</sup> | 6.1 <sup>+</sup> | 6.7 <sup>+</sup> | 6.8 <sup>+</sup> | 7.2 <sup>+</sup> | 7.4 <sup>+</sup> | 7.5 <sup>+</sup> | 8.3 <sup>+</sup> | 8.8 <sup>+</sup> | 10.5 |
| 26 to 49    | 4.0              | 4.3              | 4.1              | 3.7 <sup>+</sup> | 4.2              | 4.0              | 4.0              | 4.1              | 4.2              | 4.3  |
| 50 or Older | 2.3              | 2.3              | 2.6              | 2.6              | 2.4              | 2.7              | 2.7              | 2.6              | 2.4              | 2.5  |

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



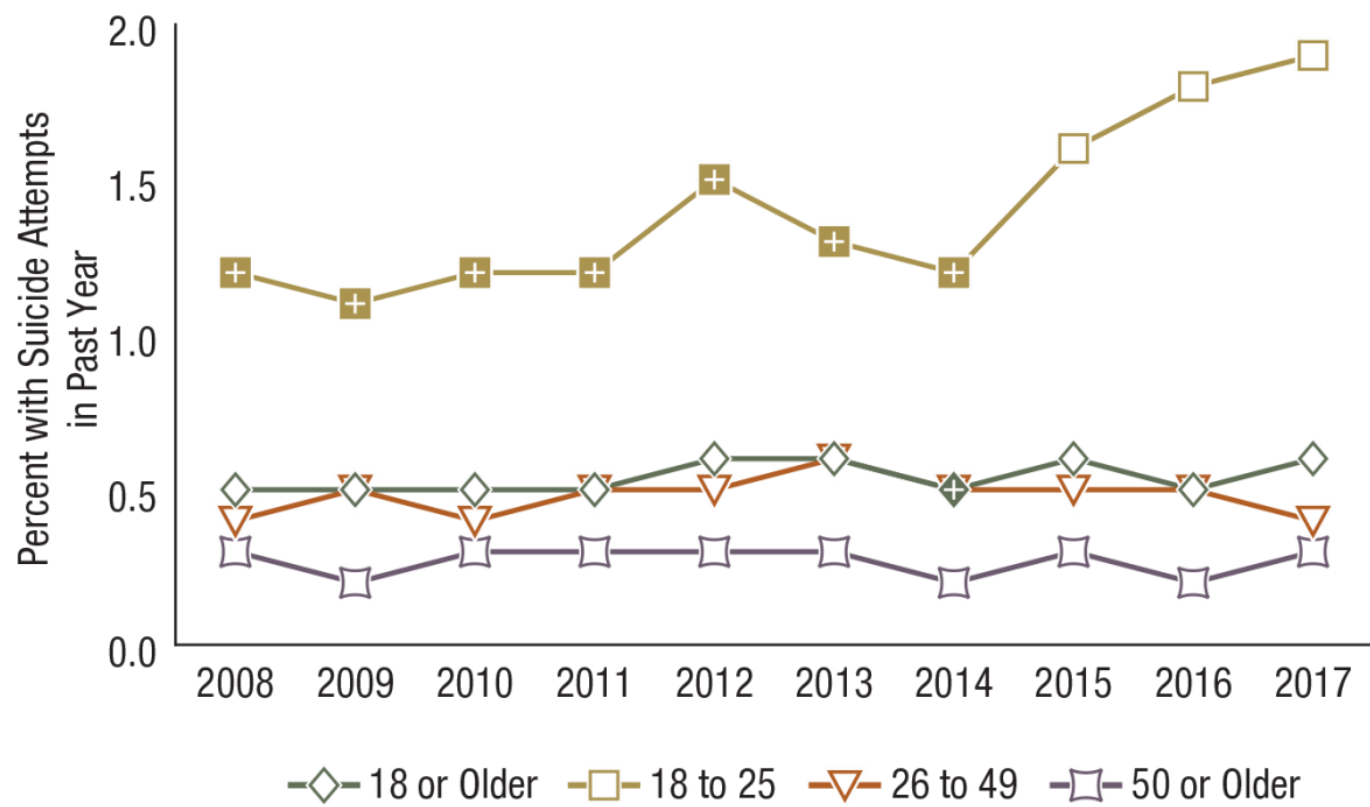
# Suicide Plans in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



| Age Group   | 2008             | 2009             | 2010             | 2011             | 2012             | 2013             | 2014             | 2015             | 2016             | 2017 |
|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------|
| 18 or Older | 1.0 <sup>+</sup> | 1.0 <sup>+</sup> | 1.1 <sup>+</sup> | 1.0 <sup>+</sup> | 1.1              | 1.1              | 1.1 <sup>+</sup> | 1.1 <sup>+</sup> | 1.1 <sup>+</sup> | 1.3  |
| 18 to 25    | 2.0 <sup>+</sup> | 2.0 <sup>+</sup> | 1.9 <sup>+</sup> | 1.9 <sup>+</sup> | 2.4 <sup>+</sup> | 2.5 <sup>+</sup> | 2.3 <sup>+</sup> | 2.7 <sup>+</sup> | 2.9 <sup>+</sup> | 3.7  |
| 26 to 49    | 1.1              | 1.0              | 1.0              | 1.1              | 1.3              | 1.3              | 1.1              | 1.1              | 1.3              | 1.2  |
| 50 or Older | 0.7              | 0.6              | 0.9              | 0.7              | 0.6              | 0.6              | 0.7              | 0.7              | 0.5              | 0.6  |

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

# Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2017



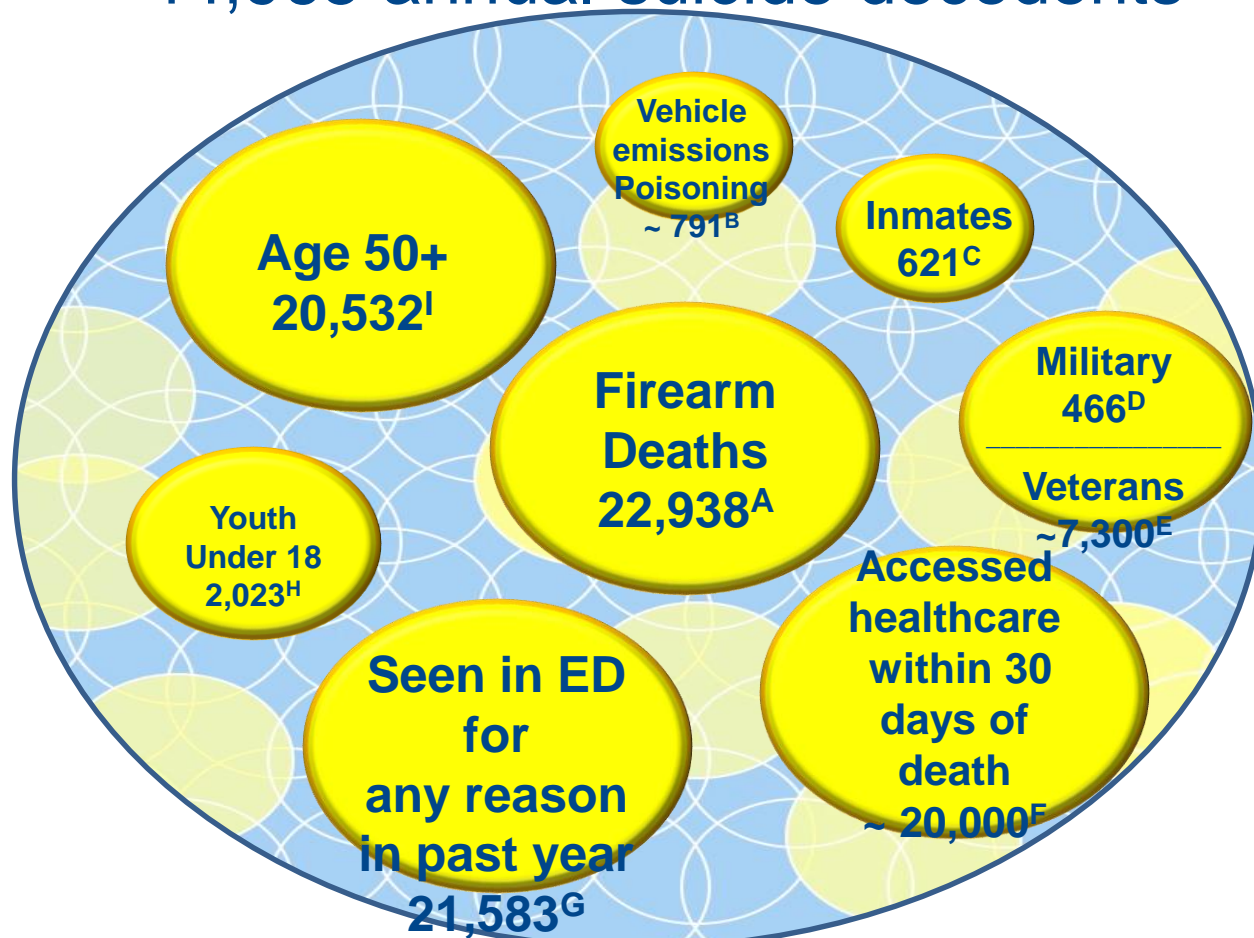
| Age Group   | 2008             | 2009             | 2010             | 2011             | 2012             | 2013             | 2014             | 2015 | 2016 | 2017 |
|-------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------|------|------|
| 18 or Older | 0.5              | 0.5              | 0.5              | 0.5              | 0.6              | 0.6              | 0.5 <sup>+</sup> | 0.6  | 0.5  | 0.6  |
| 18 to 25    | 1.2 <sup>+</sup> | 1.1 <sup>+</sup> | 1.2 <sup>+</sup> | 1.2 <sup>+</sup> | 1.5 <sup>+</sup> | 1.3 <sup>+</sup> | 1.2 <sup>+</sup> | 1.6  | 1.8  | 1.9  |
| 26 to 49    | 0.4              | 0.5              | 0.4              | 0.5              | 0.5              | 0.6              | 0.5              | 0.5  | 0.5  | 0.4  |
| 50 or Older | 0.3              | 0.2              | 0.3              | 0.3              | 0.3              | 0.3              | 0.3              | 0.3  | 0.2  | 0.3  |

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



# Identifying Areas of High Need and/or Opportunity

44,965 annual suicide decedents

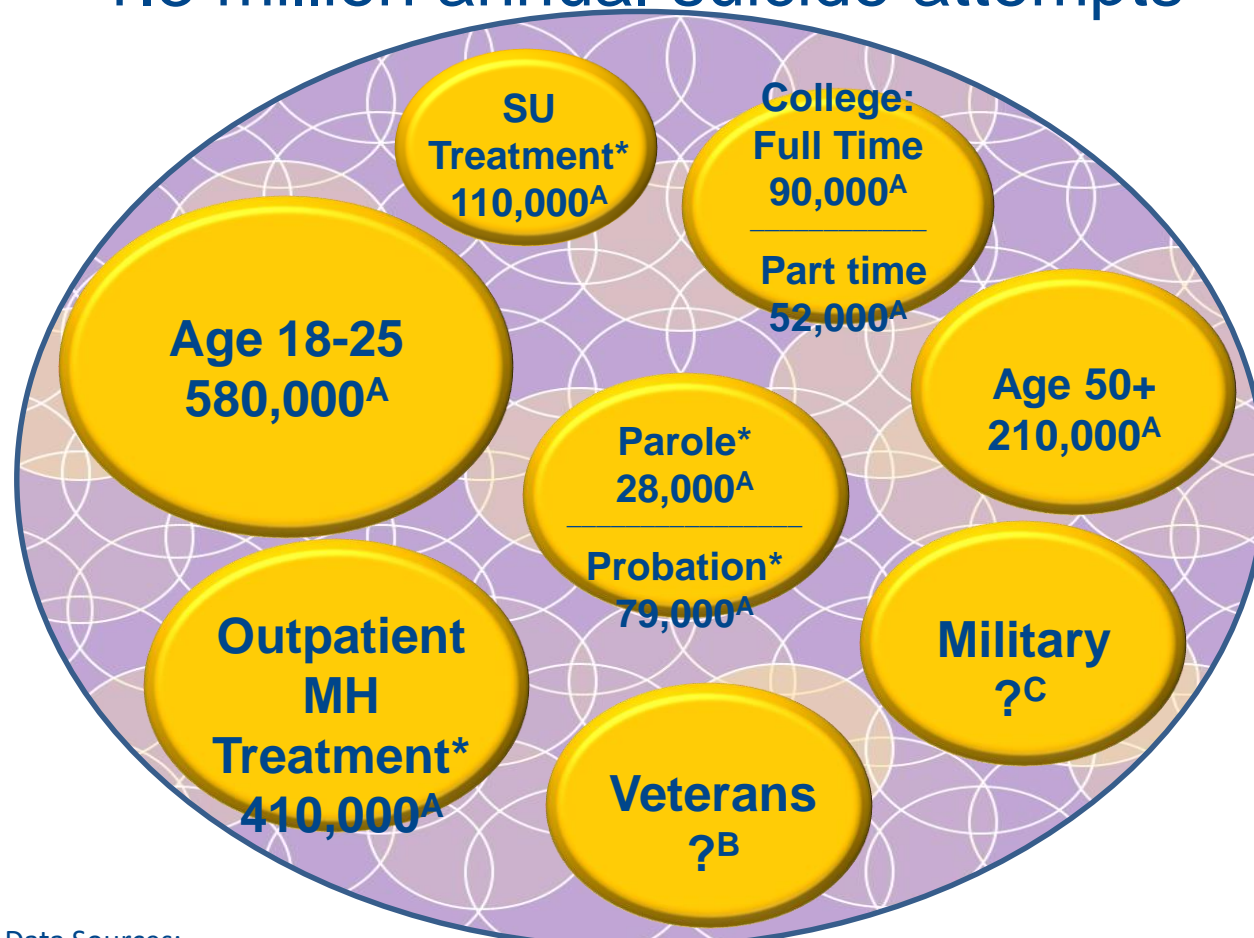


## Data Sources:

- A. CDC WISQARS 2016
- B. CDC WONDER 2014
- C. Bureau of Justice Statistics 2014
- D. DoDSER CY 2016 Q1-4 Reports

- E. Department of Veterans Affairs 2016
- F. Luoma et al, 2002; Ahmedani et al 2014
- G. Ahmedani, 2018. Personal communication
- H. CDC WISQARS 2016
- I. CDC WISQARS 2016

1.3 million annual suicide attempts



## Data Sources:

- A. National Survey on Drug Use and Health
- B. In progress
- C. In progress
- \* Last 12 months



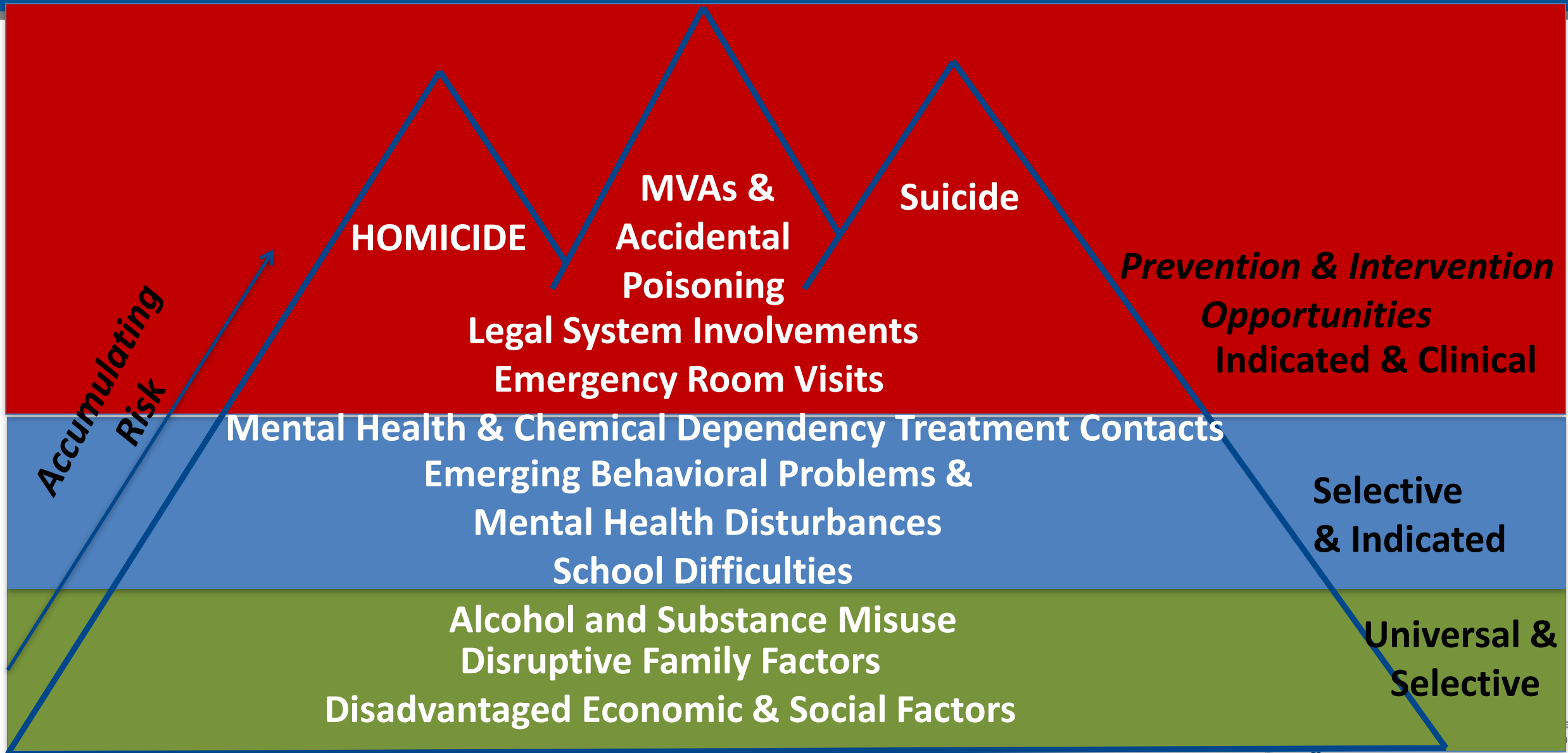
# Substance Use and Suicide

- Data from 17 states NVDRS
- 22% of suicides involve alcohol intoxication, (30-40% of suicide attempts)
- Opiates, including heroin and prescription painkillers present in 20% of U.S. suicide deaths.
- Marijuana-10%, cocaine-4%, amphetamines-3%

# SUICIDE AND SUBSTANCE ABUSE

- Substance abuse is second only to mood disorders in its association with suicide
- Comorbidity increases the risk even further
- Suicide mortality can be impacted by changes in alcohol control policy
- Drinking age increase associated with decreased mortality-estimate 600 lives saved annually

# Common Risk Factors for Premature Death





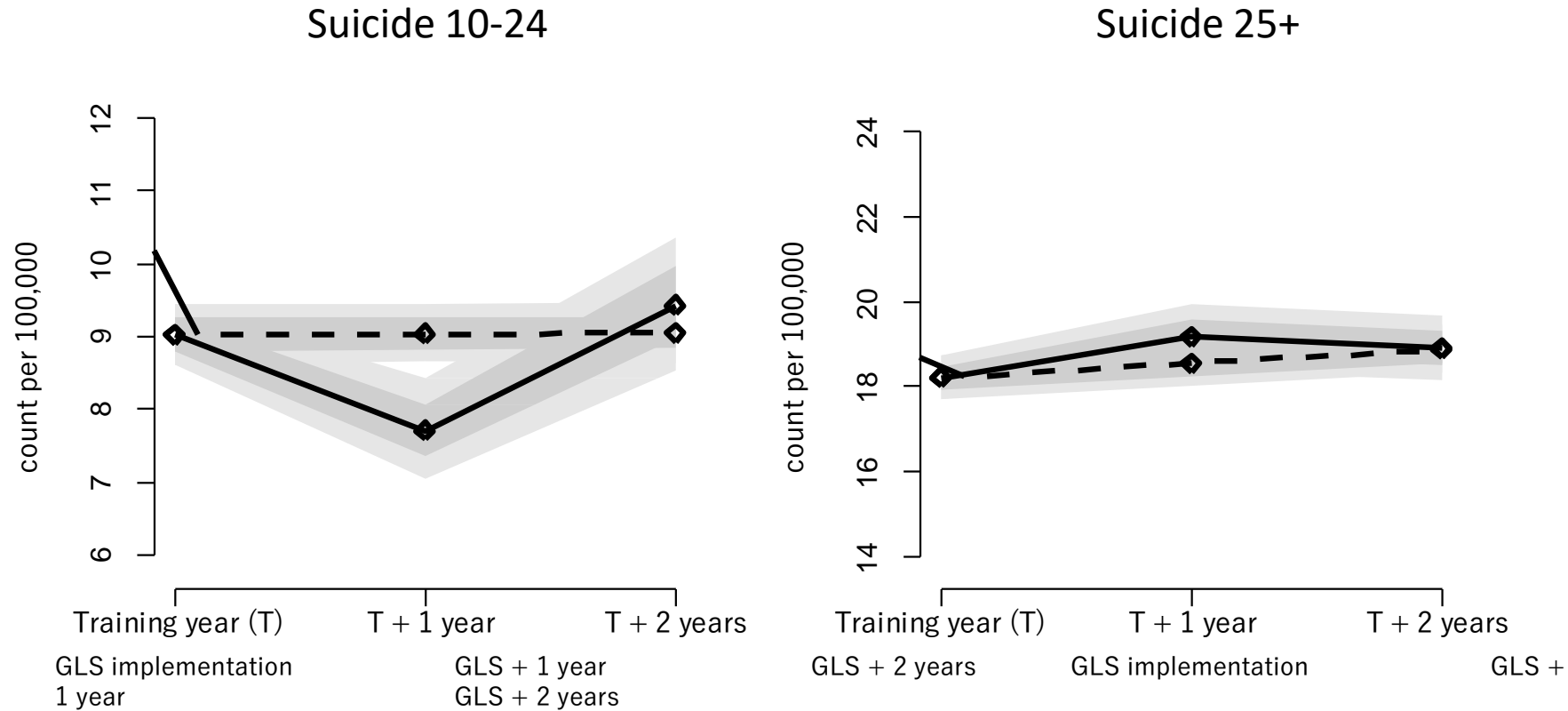


# THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

**Lucas Godoy Garraza (ICF International); Christine Walrath (ICF International); David Goldston (Duke CSSPI); Hailey Reid (ICF International), Richard McKeon (SAMHSA)**

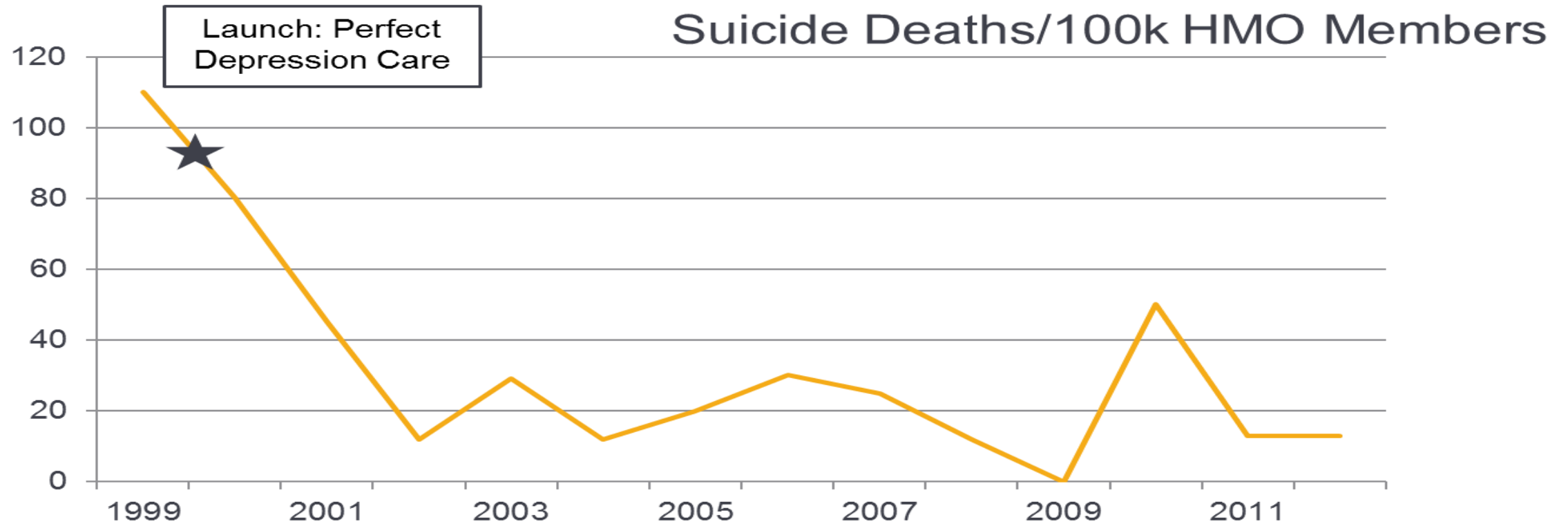


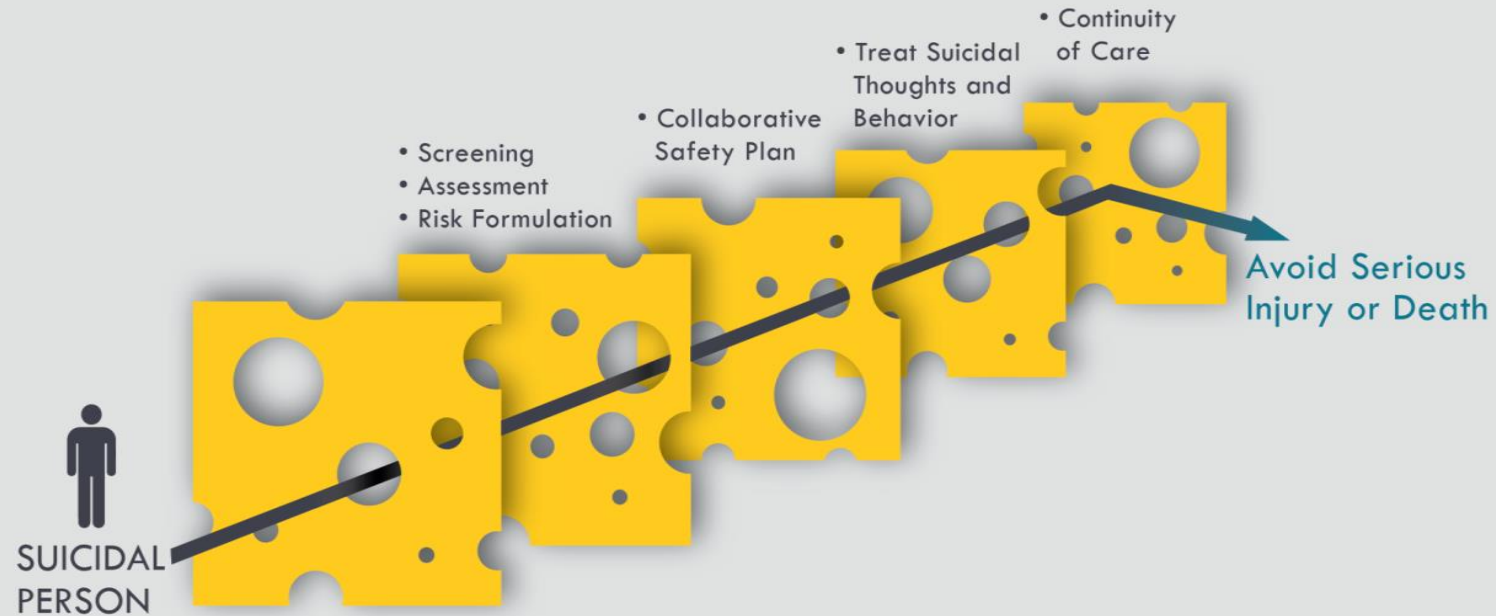
# Results: Difference in Suicide Mortality



*Solid lines represent the estimated outcome trajectory following GLS training implementation. Dashed lines represent the estimated outcome trajectory during the same period had GLS not been implemented. 90% and 50% confidence intervals around the trajectory are represented by dark gray and light gray, respectively.*

# A System-Wide Approach Saved Lives: Henry Ford Health System

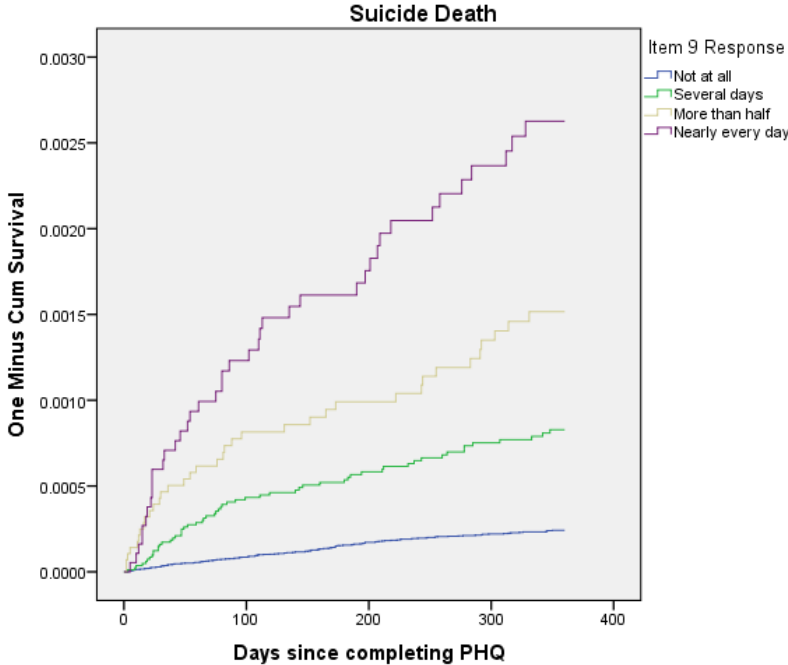
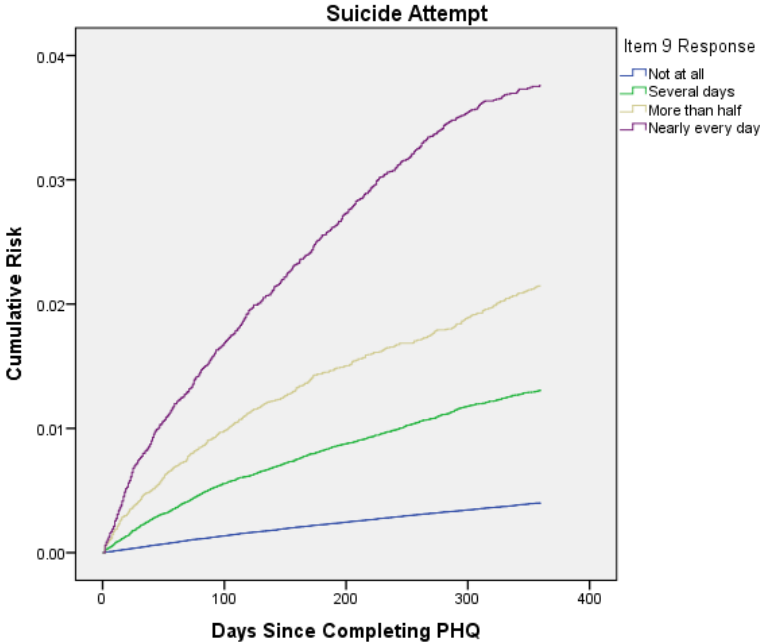


**THE TOOLS OF ZERO SUICIDE FILL THE GAPS**

Adapted from James Reason's "Swiss Cheese" Model Of Accidents



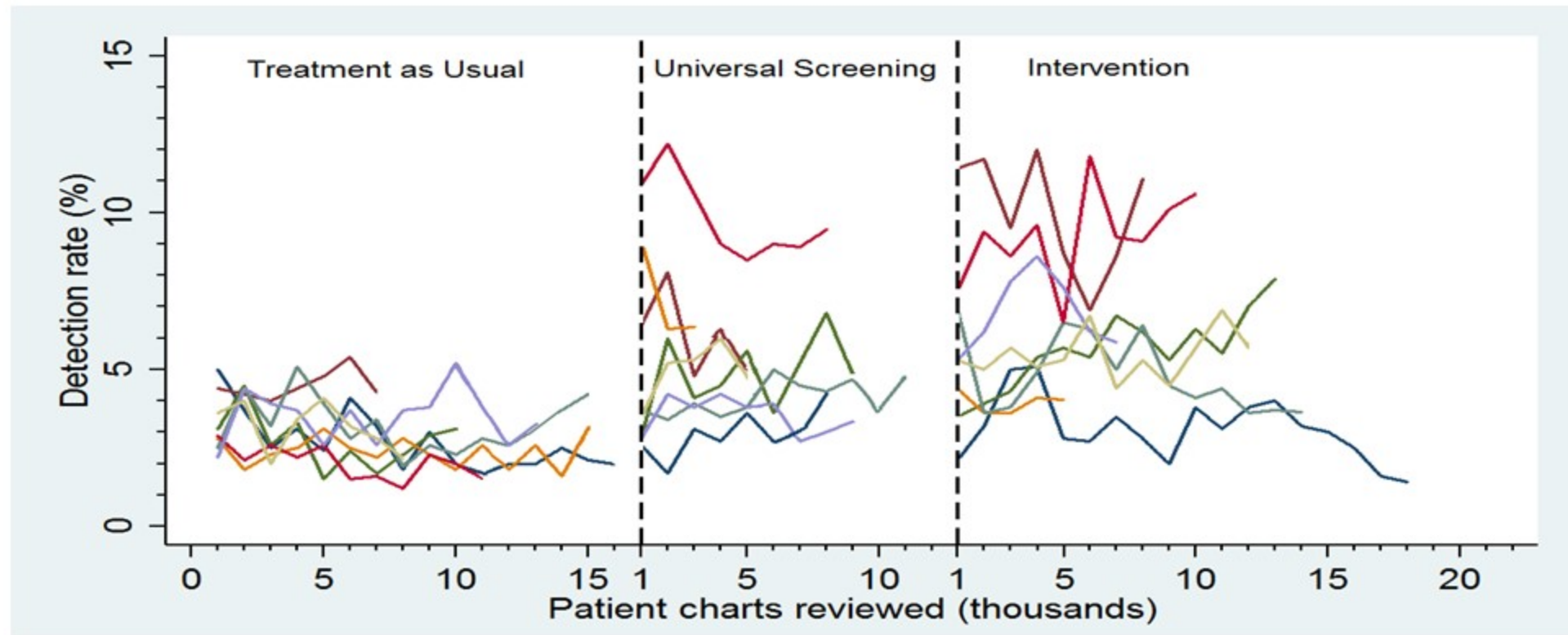
# Risk following completion of PHQ9 (sample size = 1.2 million)





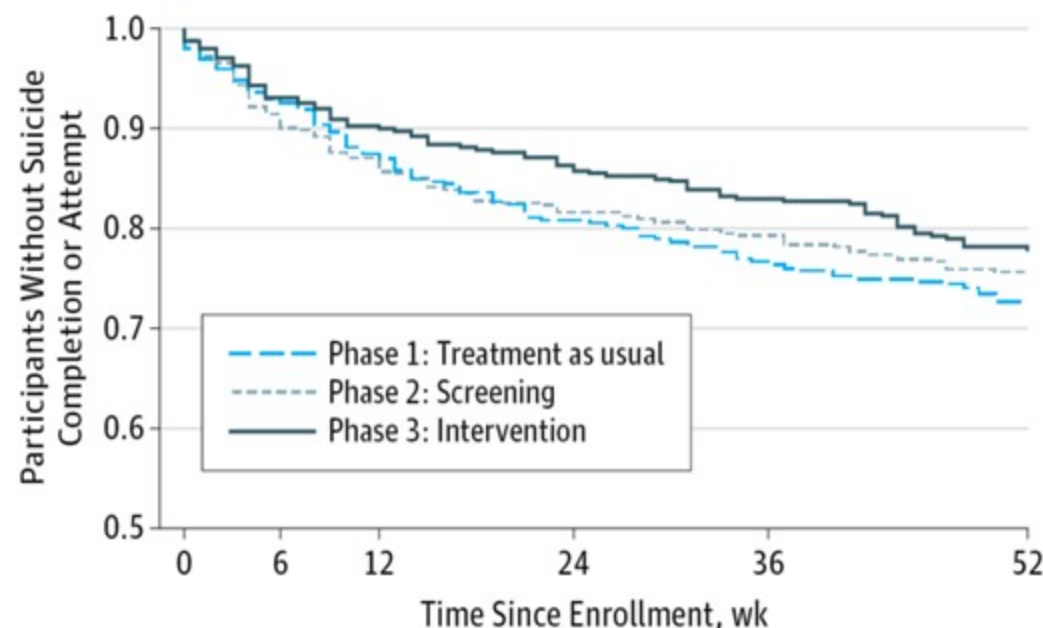
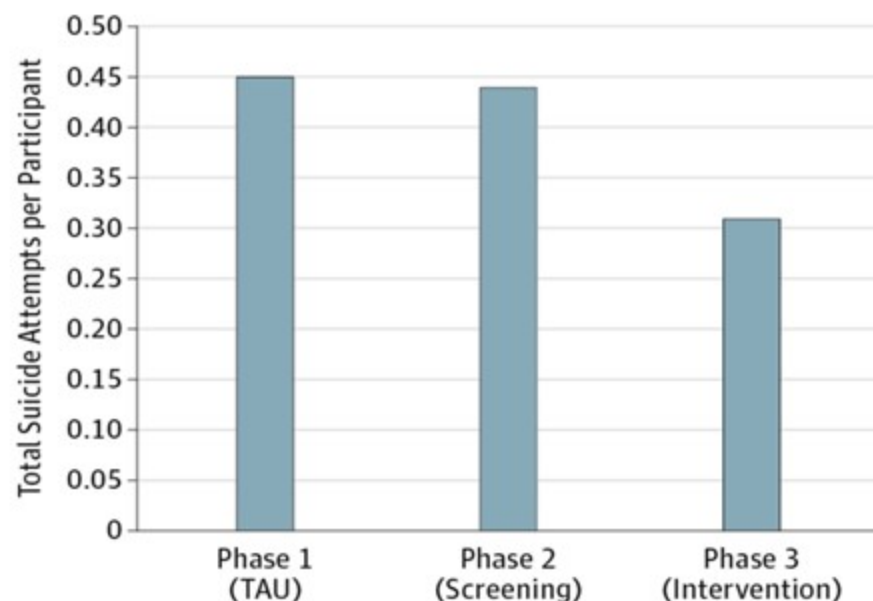
# Suicide Screening in Emergency Department Settings

Universal screening doubles the rate of suicide risk detection



# Suicide Prevention in Emergency Department Settings

By combining universal screening, safety planning, and post-discharge telephone check-ins, suicide attempts decrease by 30% over 12 months

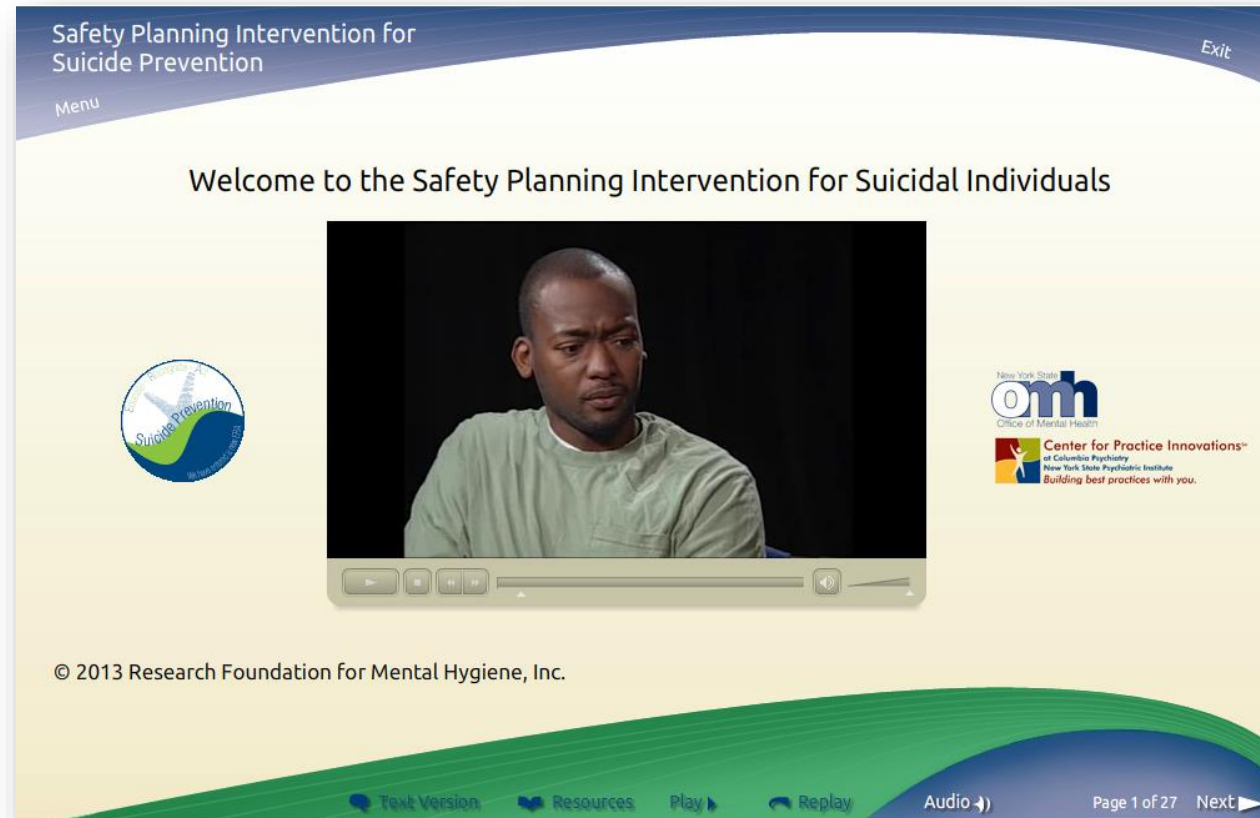


Miller et al., *JAMA Psychiatry*, 2017



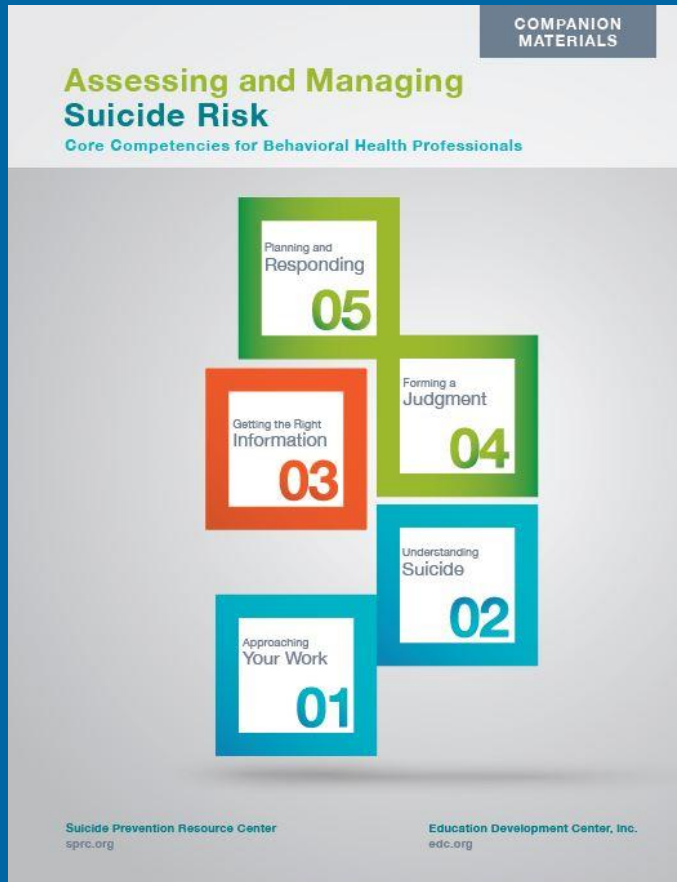
# Resource: Safety Planning Intervention

40



Access at: [www.zerosuicide.com](http://www.zerosuicide.com)

# Assessing and Managing Suicide Risk



<http://www.sprc.org/training-events/amsr>

# TIP 50

## TIP 50: *Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment*

- High prevalence of suicidal thoughts and attempts among persons with SA problems who are in treatment.
- TIP 50 helps
  - SA counselors work with adult clients who may be suicidal
  - Clinical supervisors and administrators
- Free at: <http://store.samhsa.gov/product/SMA09-4381>
- Training video: SAMHSA YouTube channel
- SPRC Webinar: <https://www.sprc.org/events-trainings/tip-50-addressing-suicidal-thoughts-behaviors-substance-abuse-treatment>





# Suicide Assessment Five-Step Evaluation Triage

## RESOURCES

- Download this card and additional resources at [www.sprc.org](http://www.sprc.org) or at [www.stopasuicide.org](http://www.stopasuicide.org)
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide [www.sprc.org/library/jcsafetygoals.pdf](http://www.sprc.org/library/jcsafetygoals.pdf)
- SAFE-T drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors [www.psych.org/psych\\_pract/treatg/pg/SuicidalBehavior\\_05-15-06.pdf](http://www.psych.org/psych_pract/treatg/pg/SuicidalBehavior_05-15-06.pdf)

## ACKNOWLEDGEMENTS

- Originally conceived by Douglas Jacobs, MD, and developed as a collaboration between Screening for Mental Health, Inc. and the Suicide Prevention Resource Center.
- This material is based upon work supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1U79SM57392. Any opinions/findings/conclusions/recommendations expressed in this material are those of the author and do not necessarily reflect the views of SAMHSA.

**National Suicide Prevention Lifeline**  
**1.800.273.TALK (8255)**

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[www.sprc.org](http://www.sprc.org)



[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

## SAFE-T

### Suicide Assessment Five-step Evaluation and Triage

**1**

#### IDENTIFY RISK FACTORS

Note those that can be modified to reduce risk

**2**

#### IDENTIFY PROTECTIVE FACTORS

Note those that can be enhanced

**3**

#### CONDUCT SUICIDE INQUIRY

Suicidal thoughts, plans behavior and intent

**4**

#### DETERMINE RISK LEVEL/INTERVENTION

Determine risk. Choose appropriate intervention to address and reduce risk

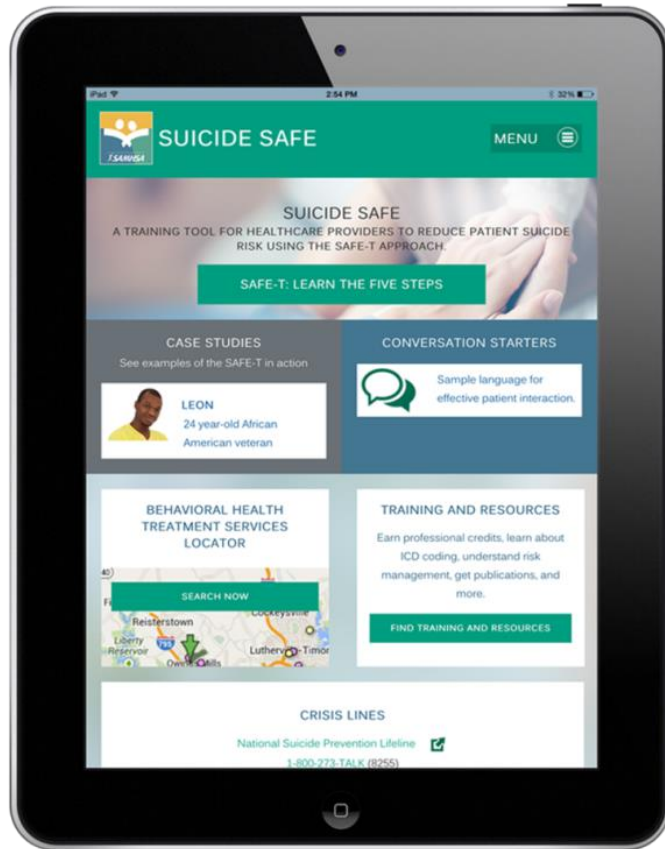
**5**

#### DOCUMENT

Assessment of risk, rationale, intervention and follow-up

**National Suicide Prevention Lifeline**  
**1.800.273.TALK (8255)**

# Suicide Prevention App for Health Care Providers



**Free for Apple® and Android™  
mobile devices**

## Suicide Safe Helps Providers:

- Integrate suicide prevention strategies into practice and address suicide risk
- Learn how to use the SAFE-T approach
- Explore interactive sample case studies
- Quickly access and share information and resources
- Browse conversation starters
- Locate treatment options

Learn more at [bit.ly/suicide\\_safe](https://bit.ly/suicide_safe).

# Improving Post Discharge Safety

- The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) demonstrated reduction in suicidal behavior for suicidal people discharged from EDs doing telephonic follow up.
- White Mountain Apache/Johns Hopkins University Center for American Indian Health
  - Almost 40% reduction in suicides from 2006-2012
  - Centerpiece is tribally mandated reporting and follow up

# Improving Post Discharge Safety

Safe-Vet-Safety planning in the Emergency Room for suicidal veterans combined with telephonic follow up led to:

- 50% reduction in suicidal behavior compared to tau
- Twice as many veterans connecting to outpatient behavioral health care
- SAMHSA evaluation studies show that 90% of suicidal callers report that follow up phone calls helped them stay safe and not kill themselves





# What is the Crisis Now model?

Call Center Hub



Mobile Crisis

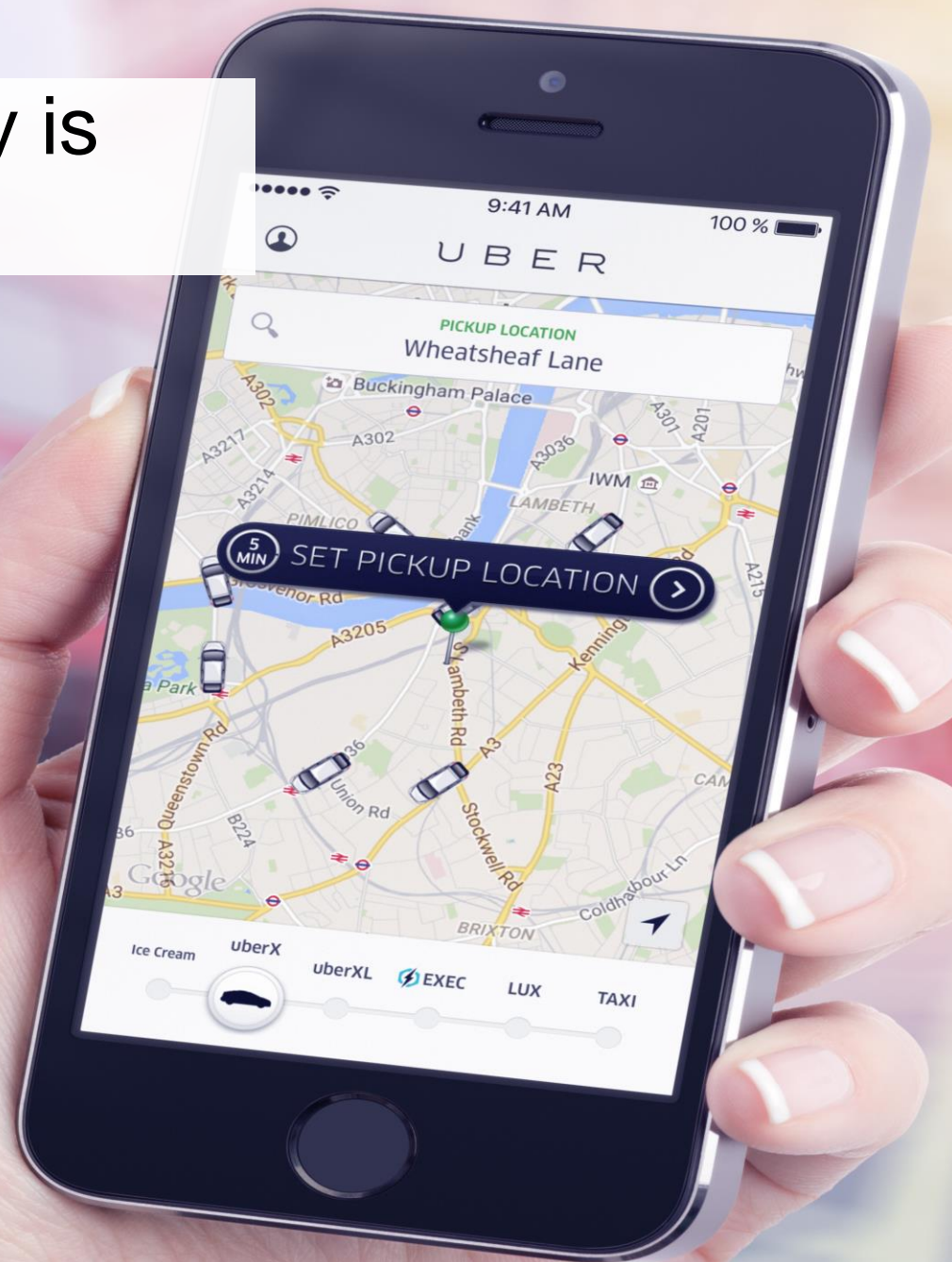


Crisis Facilities



“Air Traffic Control” Crisis Call Center Hub Connects and Ensures Timely Access and Data

Ubiquitous and inexpensive technology is changing nearly every other industry.







It's time for a national *mental health*  
Emergency Medical Services (EMS) system.

# Suicide and Opioids: Critical Issues

- Many opioid overdose deaths labeled as accidental may be suicides. Estimates differ.
- For some deaths may not be possible to determine intent.
- Non-fatal overdoses, whether intentional or not, may require similar responses (i.e. medical care for the overdose, assessment for suicide risk and substance abuse, and rapid follow up).
- How should suicide screening be best integrated into substance abuse screening?
- How can suicide care be best integrated into substance abuse treatment?
- How can we assist communities heavily impacted by both suicide and opioids?
- What is the impact of chronic and acute pain, opioids, and suicide?
- How can we alter the developmental trajectories that lead to both types of tragic outcomes?
- Are there common factors driving up these deaths of despair?

# Thank you.

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SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Richard McKeon, Ph.D., M.P.H.

Branch Chief, Suicide Prevention, SAMHSA

240-276-1873

[Richard.mckeon@samhsa.hhs.gov](mailto:Richard.mckeon@samhsa.hhs.gov)

[www.samhsa.gov](http://www.samhsa.gov) [www.sprc.org](http://www.sprc.org)





# Kristen Quinlan, Ph.D.

Lead Epidemiologist

SAMHSA's Suicide Prevention Resource Center (SPRC)  
Education Development Center, Inc.



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

# Understanding the Connection: Suicide and Opioid Misuse

**Kristen Quinlan, PhD**

Epidemiologist, Suicide Prevention Resource Center  
Director of Outreach, Injury Control Research Center for Suicide Prevention



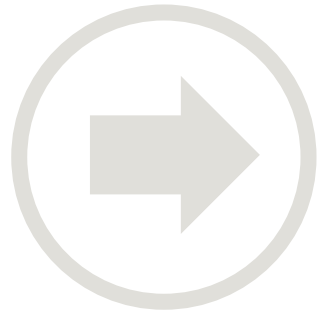


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**The Suicide Prevention Resource Center at EDC** is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

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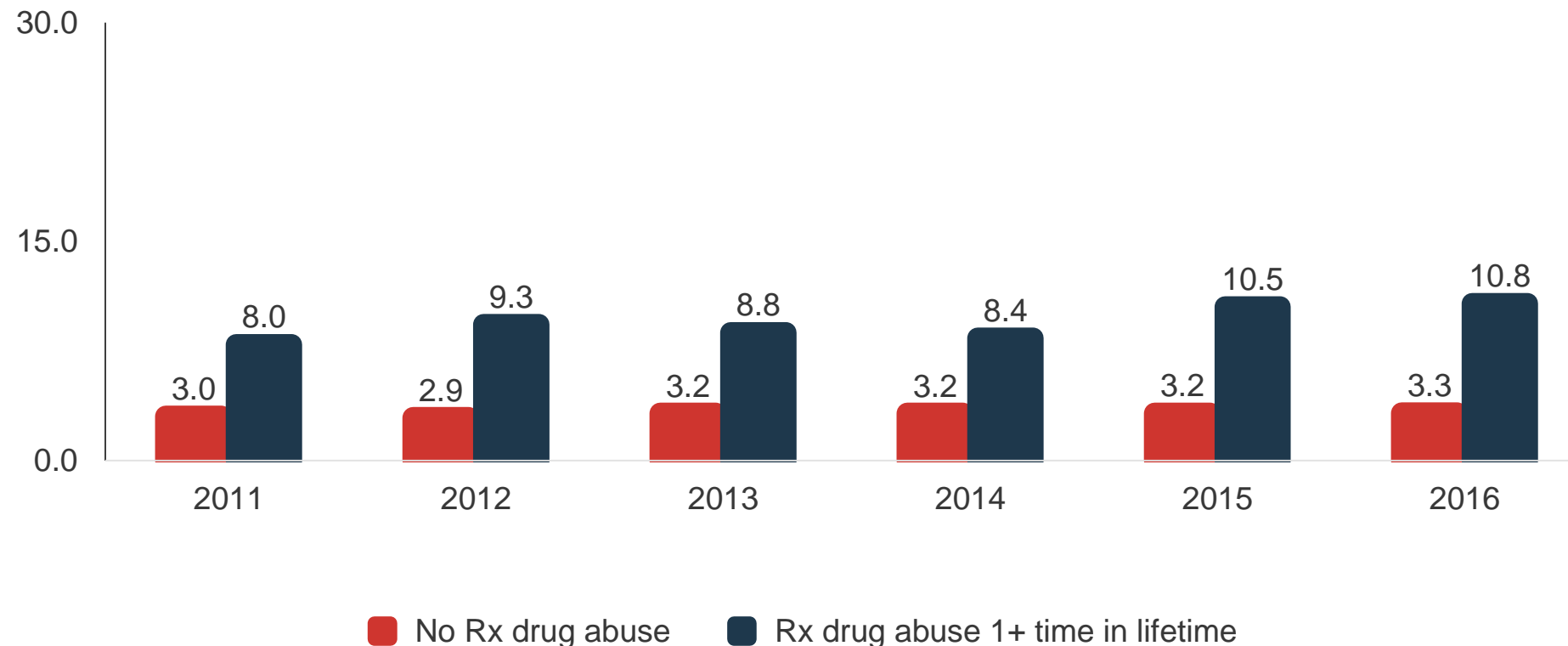
# Objectives



- Highlight the connection between opioid abuse and suicide using epidemiological data.
- Review the research explicitly studying this connection.
- Identify the challenges facing the field in understanding the connection.
- Review research on shared risk and protective factors as a space for intervention.

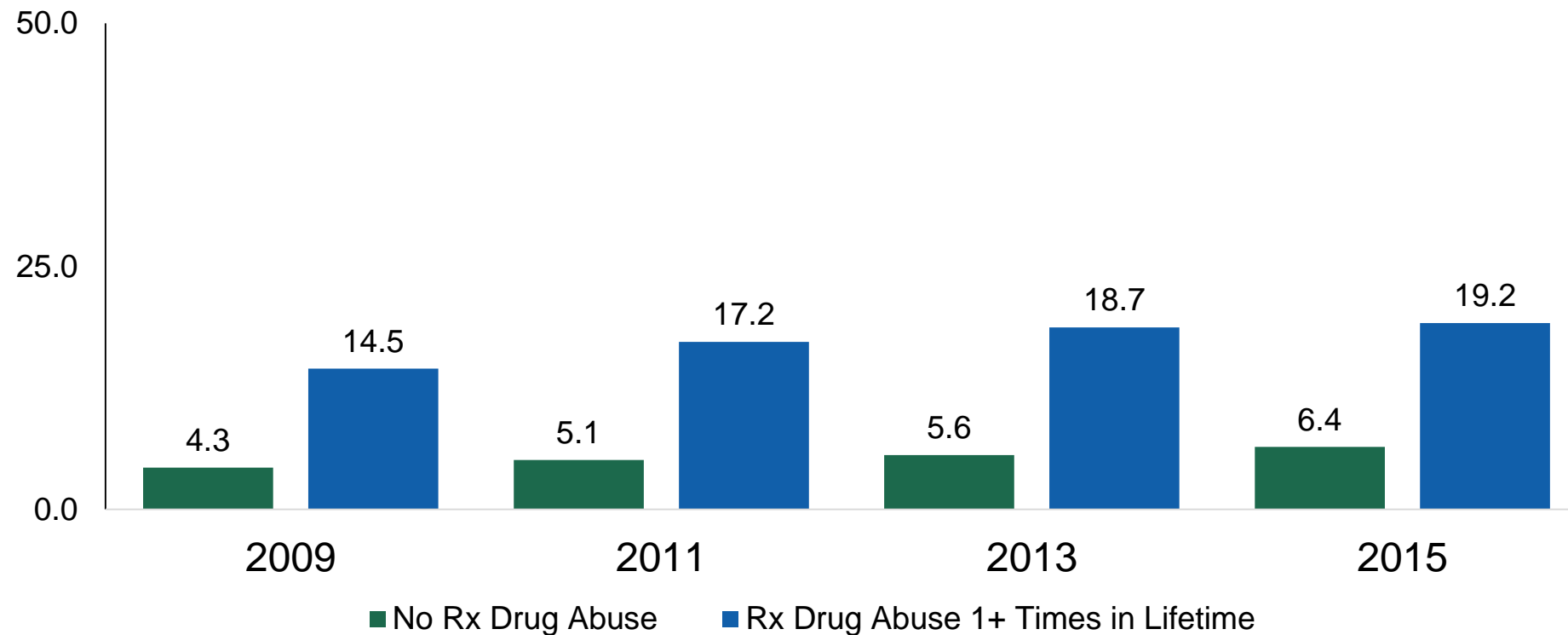
# Prescription Drug Abuse and Suicidal Behaviors: Adults

% Adults (18+) Who Report Having Serious Thoughts of Suicide in the Past Year by Lifetime Nonmedical Prescription Drug (including Opioid) Use (2011-2016)<sup>1</sup>



# Prescription Drug Abuse and Suicidal Behaviors: Youth

% Students (in Grades 9-12) Who Report Having Serious Thoughts of Suicide in the Past Year by Lifetime Prescription Drug (including Opioid) Abuse (2009-2015)<sup>2</sup>



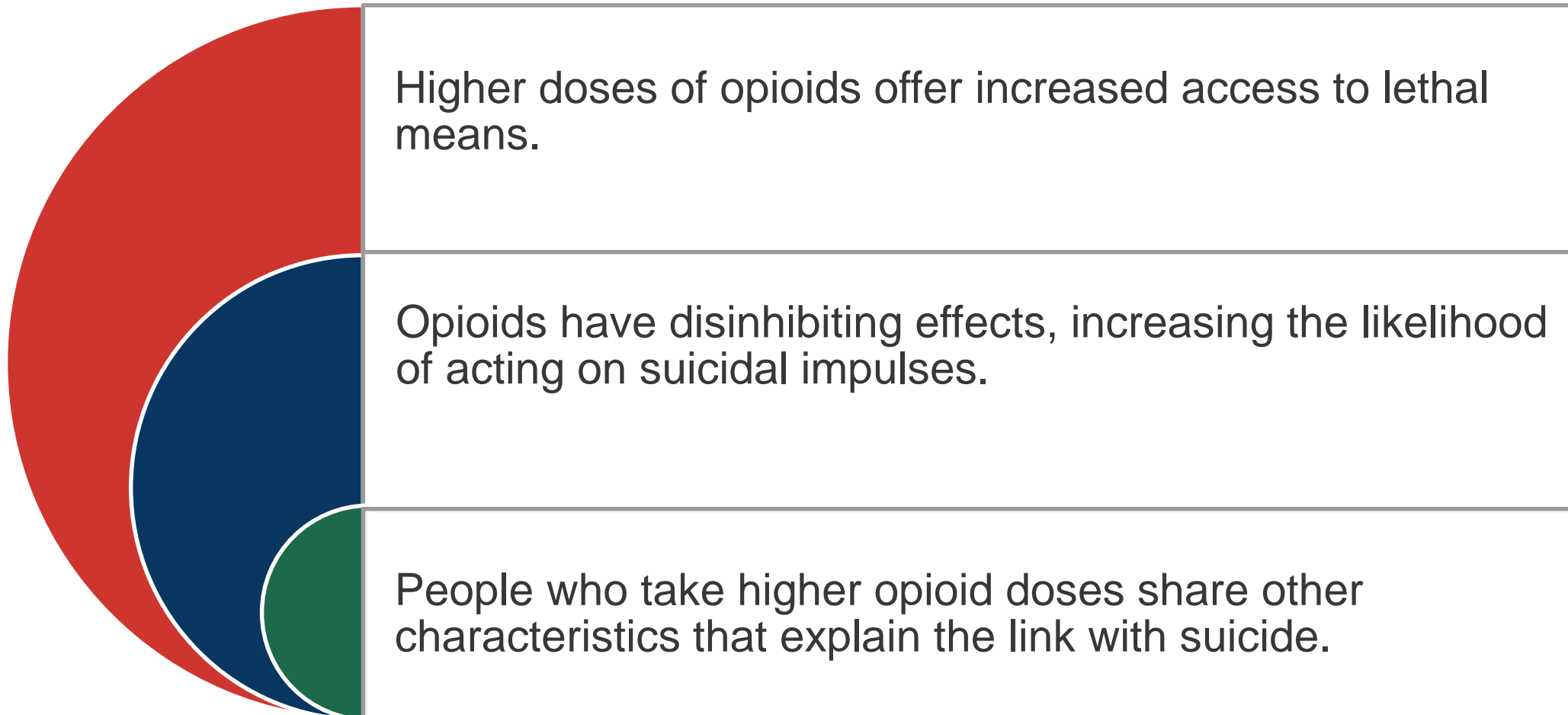


# From the Research...

- Adults who receive high doses of opioids are at increased risk for suicide<sup>3</sup>
- Adults who *abuse opioids weekly or more* are more likely to engage in suicide planning and attempts<sup>4</sup>
- Adults who *have an opioid use disorder* are 13 times more likely to die by suicide than the general population<sup>5</sup>



# Opioids and Suicide: Three Possible Links



# Limitations to Overdose and Suicide Death Data

When classifying a death as a suicide, a coroner or ME has to determine two things:

1. Did the person know that the dose was likely to be lethal?
2. What was the person's intent?

This intent question is one of the most challenging aspects of our opioid/suicide death data.

## Intentionality Continuum



# Implications for Practice

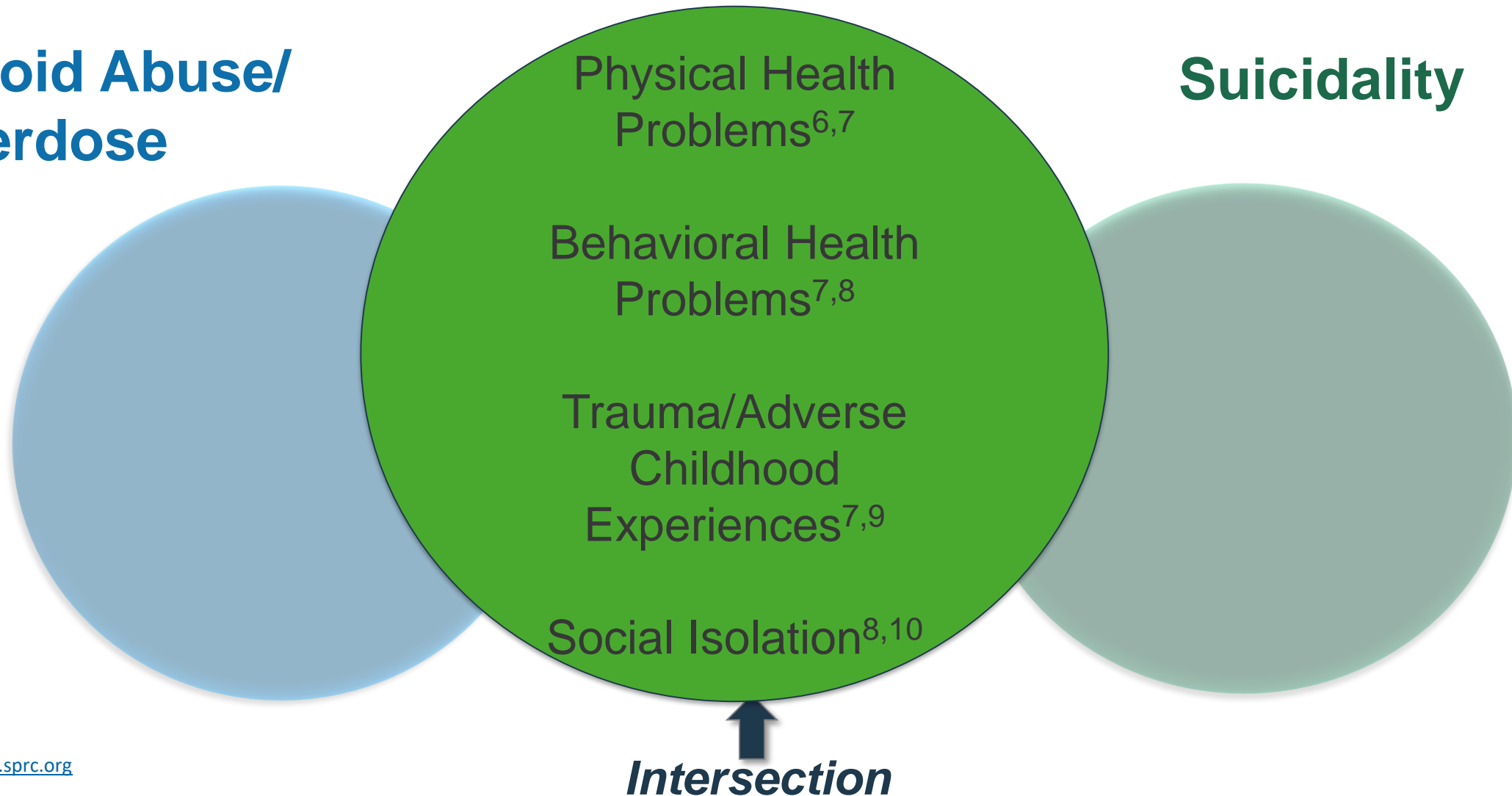
We are likely underestimating the number of opioid-related deaths that are actually suicides. And this matters because:

- This underestimation is not random—some groups are affected more than others.
- We use data for planning where we direct prevention efforts.
- We use data for evaluating the outcomes of our prevention efforts.

# Shared risk and protective factors for opioid abuse/overdose and suicide

**Opioid Abuse/  
Overdose**

**Suicidality**



# Thank you!

---

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@SPRCTweets



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Director of Grantee and State Initiatives  
SAMHSA's Suicide Prevention Resource Center (SPRC)  
Education Development Center, Inc.



# Opioids and Suicide: Opportunities for Collaboration

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**Kerri Nickerson, LCSW, MPH**

Director, Grantee and State Initiatives  
Suicide Prevention Resource Center

October 25, 2018

SAMHSA National Prevention Week Webinar



@SPRCTweets



Education  
Development  
Center





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**The Suicide Prevention Resource Center at EDC** is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

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# Understanding the Scope of the Problem

- Identify community-level data sources to assess cause(s) of death
- Collect data on both method of suicide AND presence of opioids in suicidal attempts and deaths
- Compare local data to national and state data
- Identify potential partners who can contribute qualitative data
- Understand what populations are at increased risk for suicide and opioid abuse in your community





# Example From the Field: Rhode Island

**Key Features:** Tests all suicide deaths (98% in 2017) for the presence of opioids, participates in a 20-state partnership to reduce opioid trafficking

## Benefits of Collaboration:

- Better informed prevention efforts due to comprehensive data
- Reductions in opioid supply



[www.preventoverdoseri.org](http://www.preventoverdoseri.org)



# Using Data to Determine Next Steps

Once you've identified who is being affected in your community...

- Identify shared risk and protective factors
- Consider relevant local conditions that may influence these problems
- Identify others in your region who are addressing this issue



# Example From the Field: Connecticut

**Key Features:** Implements strategies to reduce access to lethal means, addresses stigma around naloxone use, shares information on the detrimental impact of misclassification

**Benefits of Collaboration:**

- Increased coordination
- Access to data
- Connections to survivors reduced stigma and informed practice



# Tapping into Existing Resources



**Suicide Prevention Resource Center**  
 About Suicide Effective Prevention Resources & Programs Training News & Highlights Organizations

**SUICIDE PREVENTION LIFELINE 1 (800) 273 TALK 8255**

**We all have a role to play. Together, we can save lives.**

**Effective prevention starts with *you*.**

- Make a plan to prevent suicide
- Find a suicide prevention program
- Measure your program's success
- Improve suicide care for your patients
- Take action after a suicide

**Featured Resources**

**SPRC RESOURCE**

**The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care**

This two-page resource offers

**SPRC RESOURCE**

**Suicide Prevention Month: Ideas for Action**

This virtual learning lab is designed to

**SPRC RESOURCE**

**Virtual Learning Lab: State Suicide Prevention**

This virtual learning lab is designed to

**1 Select the Right Partners** [Back to topics](#)

When taking on new or expanded suicide prevention initiatives, you will need to involve individuals, agencies, and community organizations that have the right skills, capacity, and access to help you meet your goals. You may need to deepen existing collaborations or find completely new partners to advance your goals, and you will want to be strategic and think through which partners are the best fit for your program needs.

Many state suicide prevention coordinators have found strategic partnerships to advance their goals.

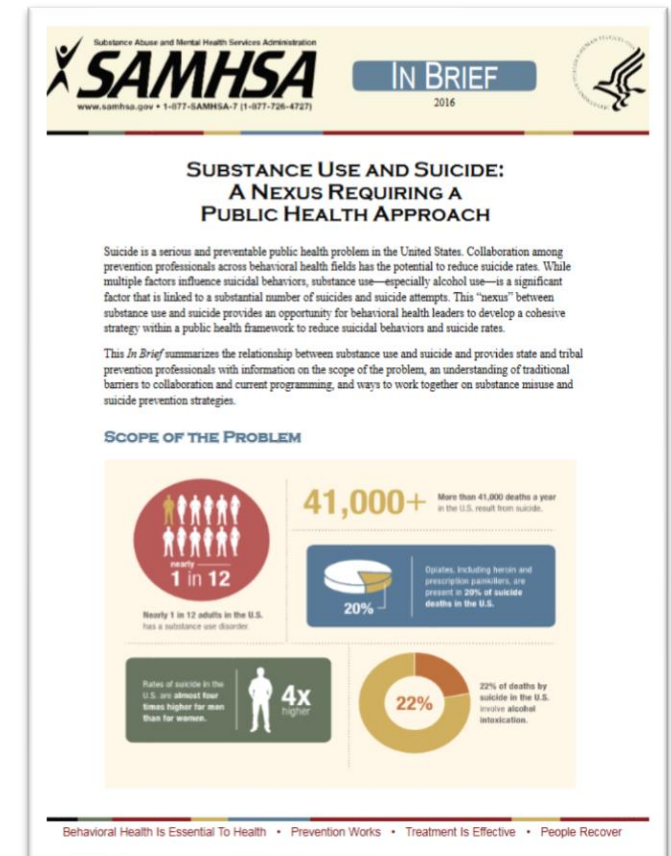
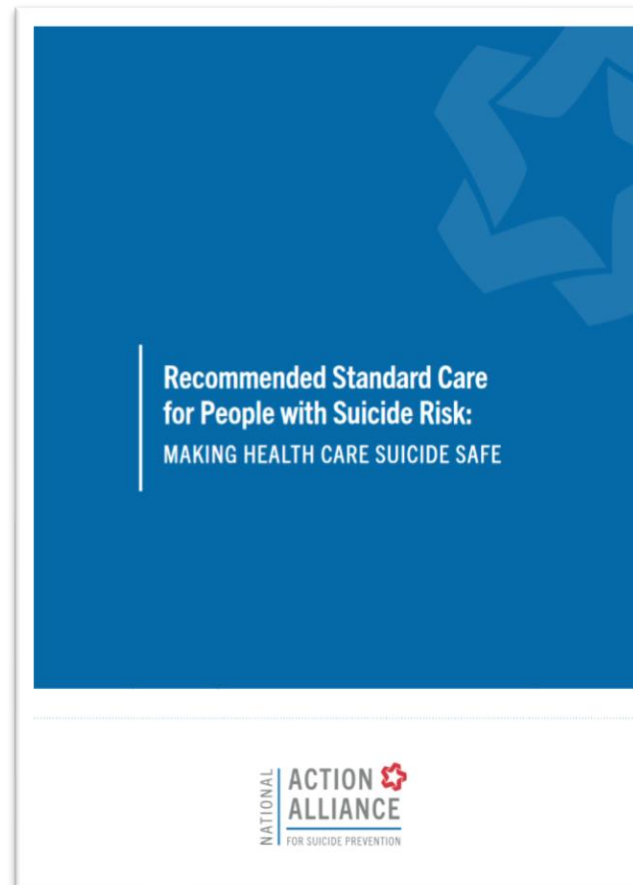
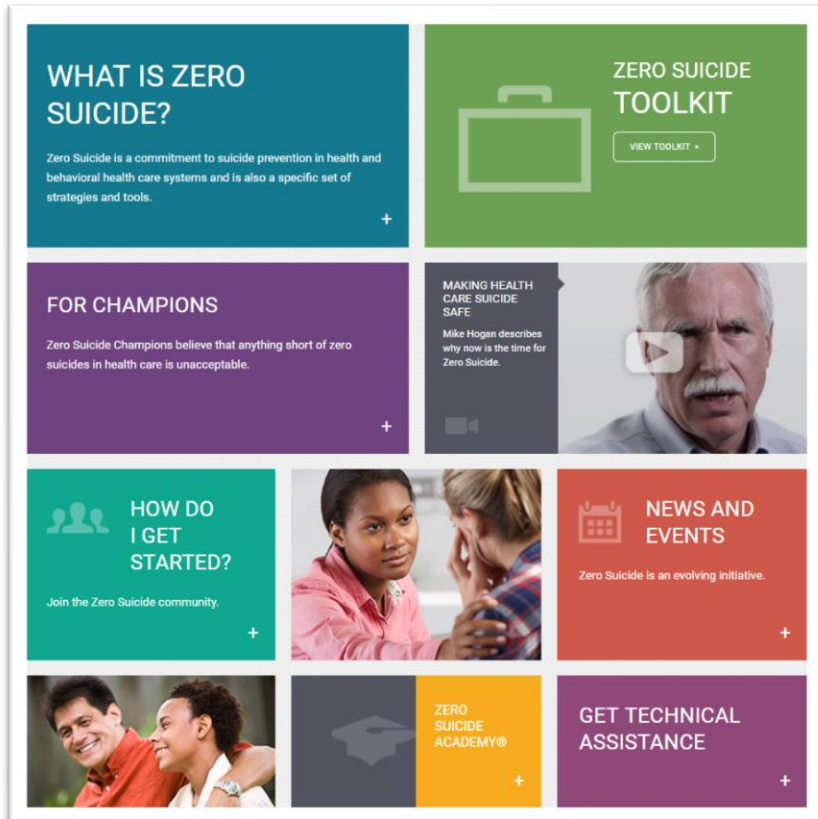
[See some examples](#)

Select any of the common questions about this topic to learn more.

- How do I know which partners can help achieve my goals?
- How do I bring the right partners to the table?
- How do I prioritize my partnerships?

**SPRC | VIRTUAL LEARNING LAB | PARTNERSHIPS** [Prev](#) [Next](#)

# Tapping into Existing Resources



# Resources

Suicide Prevention Resource Center:

[www.sprc.org](http://www.sprc.org)

- Archived webinars on link between opioids and suicide:
  - <https://go.edc.org/opioidwebinar1>
  - <https://go.edc.org/opioidwebinar2>

National Action Alliance for Suicide Prevention:

[www.actionallianceforsuicideprevention.org](http://www.actionallianceforsuicideprevention.org)

Zero Suicide Toolkit: <http://zerosuicide.sprc.org/>

- Archived webinar on substance use and Zero Suicide: <https://go.edc.org/ZSwebinar>

Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>

- In Brief: Substance Use and Suicide: <https://store.samhsa.gov/product/In-Brief-Substance-Use-and-Suicide-/SMA16-4935>

CDC Vital Signs Reports

- Suicide: <https://www.cdc.gov/vitalsigns/suicide/index.html>
- Opioid Overdoses in EDs: <https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html>

# Thank you!

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# Kelley Cunningham

Suicide Prevention Program Director  
Massachusetts Department of Public Health



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# **Massachusetts Prevention Strategies: The Intersection Between Opioids and Suicide**

Kelley Cunningham

MA Department of Public Health

Division of Violence & Injury Prevention

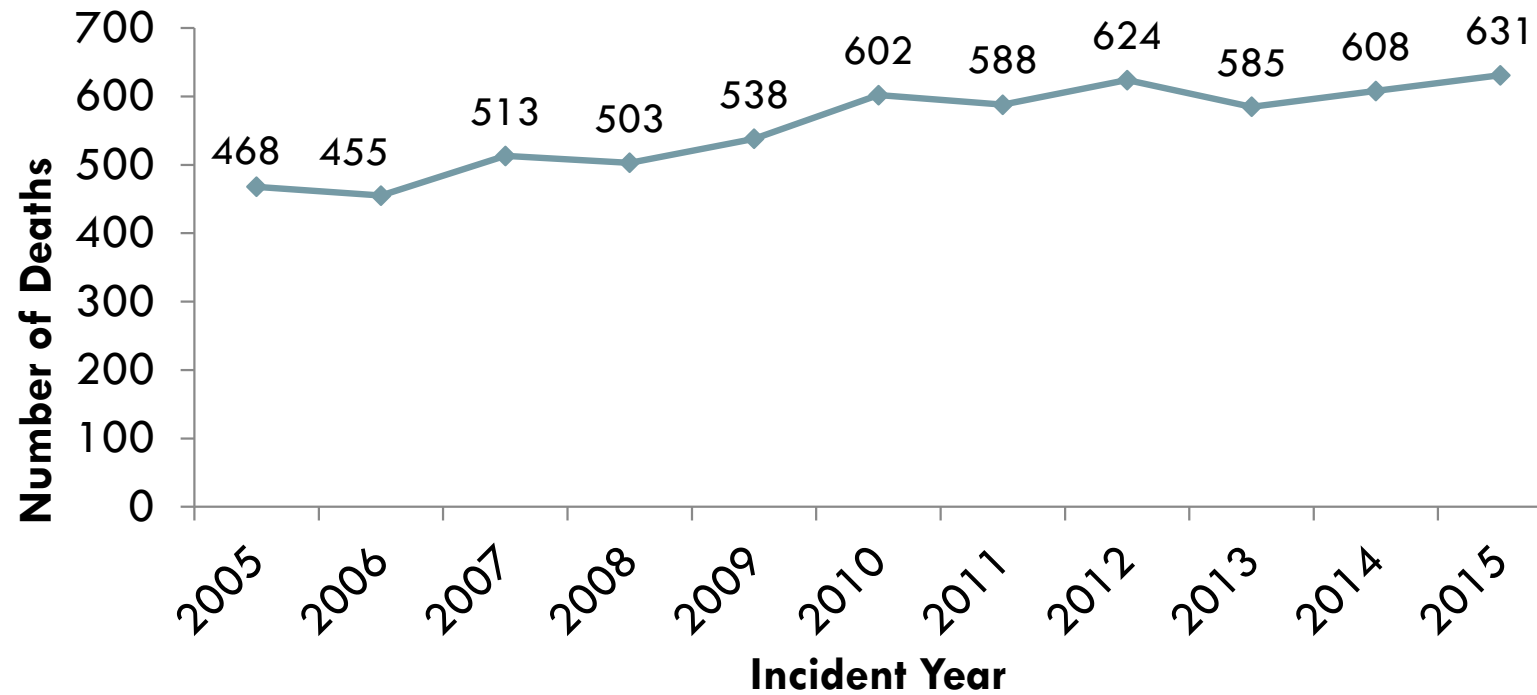
Suicide Prevention Unit

# MA Data – Suicides



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## Suicides Occurring in Massachusetts, 2005-2015

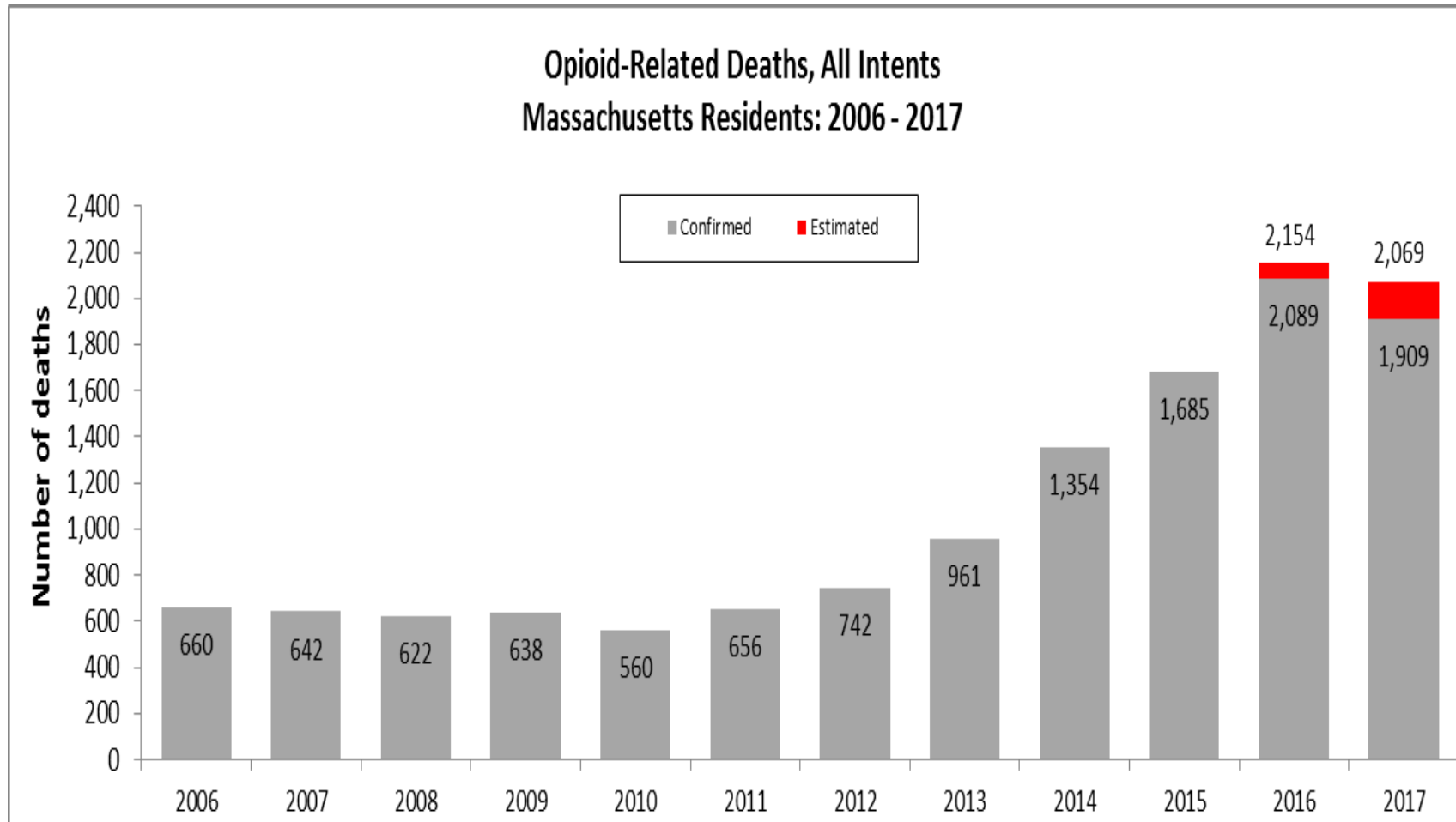


Source: MA Violent Death Reporting System, MA Department of Public Health

# MA Data – Opioid Deaths



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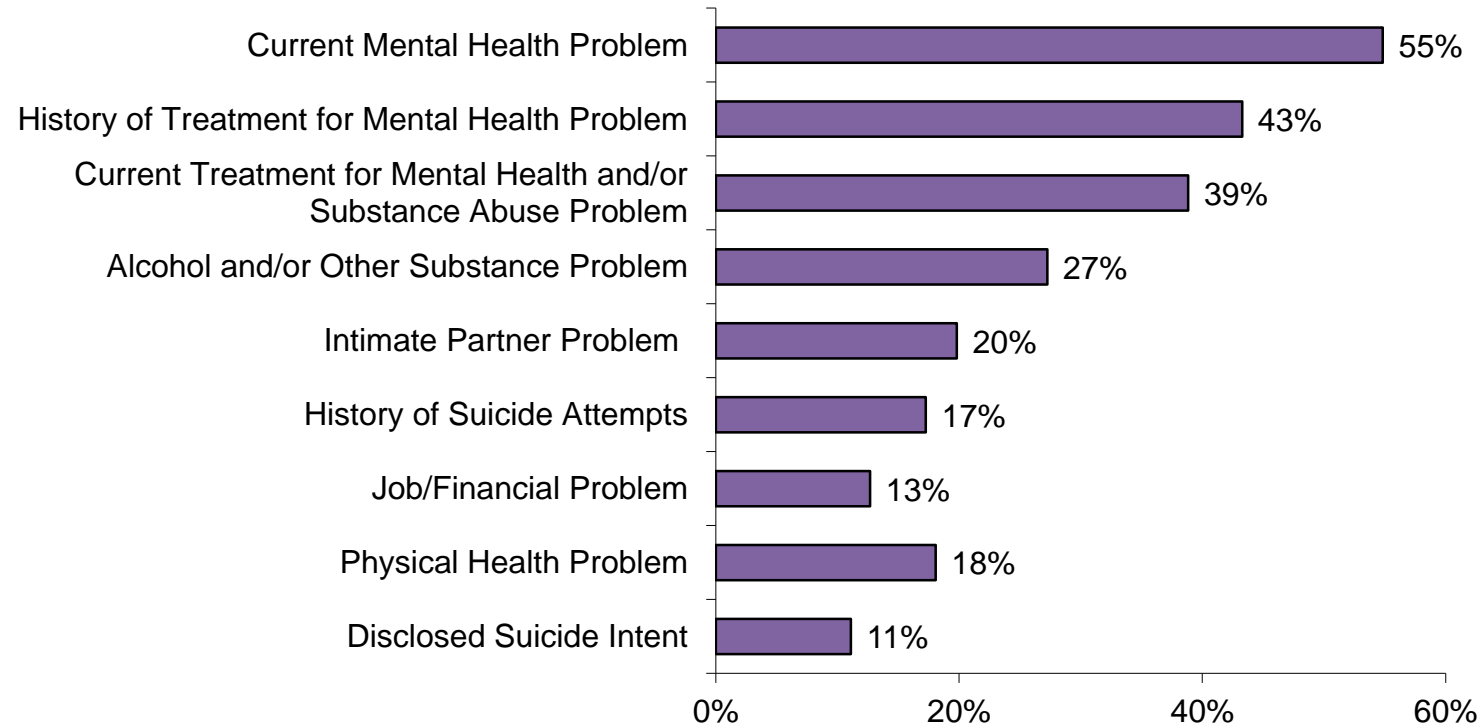
Source: MA Violent Death Reporting System, MA Department of Public Health

# 2015 Data – Circumstances Associated with Suicides



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**Figure 7A. Circumstances Associated with Suicide, MA 2015 (N=631)<sup>7</sup>**



Source: MA Violent Death Reporting System, MA Department of Public Health

# Prevention Strategies



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- Screening
- Life Skills
- Systems Changes
- Trainings



# Prevention Strategies – Screening



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## □ SBIRT

- ▣ **Schools:** The STEP Act (Massachusetts legislation, March 2016)
- ▣ **Hospitals:** Universal screening for suicidality and SBIRT

# Prevention Strategies – Life Skills



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# Prevention Strategies – Systems Changes



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- Substance Treatment Centers becoming more co-occurring treatment focused
- Crisis Intervention Teams – Mental Health Clinician
- Zero Suicide

# Zero Suicide



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## Garrett Lee Smith Grant

- ▣ 2 Partner hospitals
- ▣ Universal Screening – including SBIRT

## National Strategies for Suicide Prevention

- ▣ Focus on a community approach (Cape Cod and the Islands)
- ▣ Learning Collaborative includes an addiction treatment facility

# Prevention Strategies – Training



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- Training for substance use counselors on suicide prevention
- Crossover Trainings
- Annual Conference Workshop: Opioid and Suicide
- Opioid Public Health Crisis Grant – CDC

# What have we learned?



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# Resources

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- *MDPH Suicide Prevention Program* – [mass.gov/dph/suicideprevention](https://mass.gov/dph/suicideprevention)
- *MDPH Opioid Quarterly Reports:* <https://www.mass.gov/lists/current-opioid-statistics>
- *MDPH Bureau of Substance Addiction Services (BSAS)* – [mass.gov/dph/bsas](https://mass.gov/dph/bsas)
- *Massachusetts Coalition for Suicide Prevention (MCSP)* – [masspreventssuicide.org](https://masspreventssuicide.org)
- *Zero Suicide* – [zerosuicide.org](https://zerosuicide.org)

# Contact



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## OPIOID MISUSE PREVENTION

- SAMHSA's Center for the Application of Prevention Technology (CAPT)–Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose: <https://www.samhsa.gov/capt/sites/default/files/resources/capt-resources-support-opioid-misuse-overdose-prevention.pdf>
- Opioid Overdose Prevention Toolkit: <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-742>
- Facing Addiction in America: The Surgeon General's Spotlight on Opioids: <https://addiction.surgeongeneral.gov/>

## SUICIDE PREVENTION

- In Brief: Substance Use and Suicide: A Nexus Requiring A Public Health Approach: <https://store.samhsa.gov/shin/content//SMA16-4935/SMA16-4935.pdf>
- SAMHSA's Suicide Prevention Resource Center: <http://www.sprc.org/>
- National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/>

# Related Media Awareness Campaigns

- **Crisis Next Door (White House):**  
<https://www.crisisnextdoor.gov/>
- **RxAwareness (CDC):** <https://www.cdc.gov/rxawareness/>
- **State Media Campaigns to Prevent Prescription Drug and Opioid Misuse:**  
[https://www.samhsa.gov/capt/sites/default/files/capt\\_resource/media-campaigns-prevent-rx-drugs-opioid-misuse.pdf](https://www.samhsa.gov/capt/sites/default/files/capt_resource/media-campaigns-prevent-rx-drugs-opioid-misuse.pdf)

Please use the chat feature to  
share your questions and  
thoughts with us.

# Register Today for the Next NPW Webinar

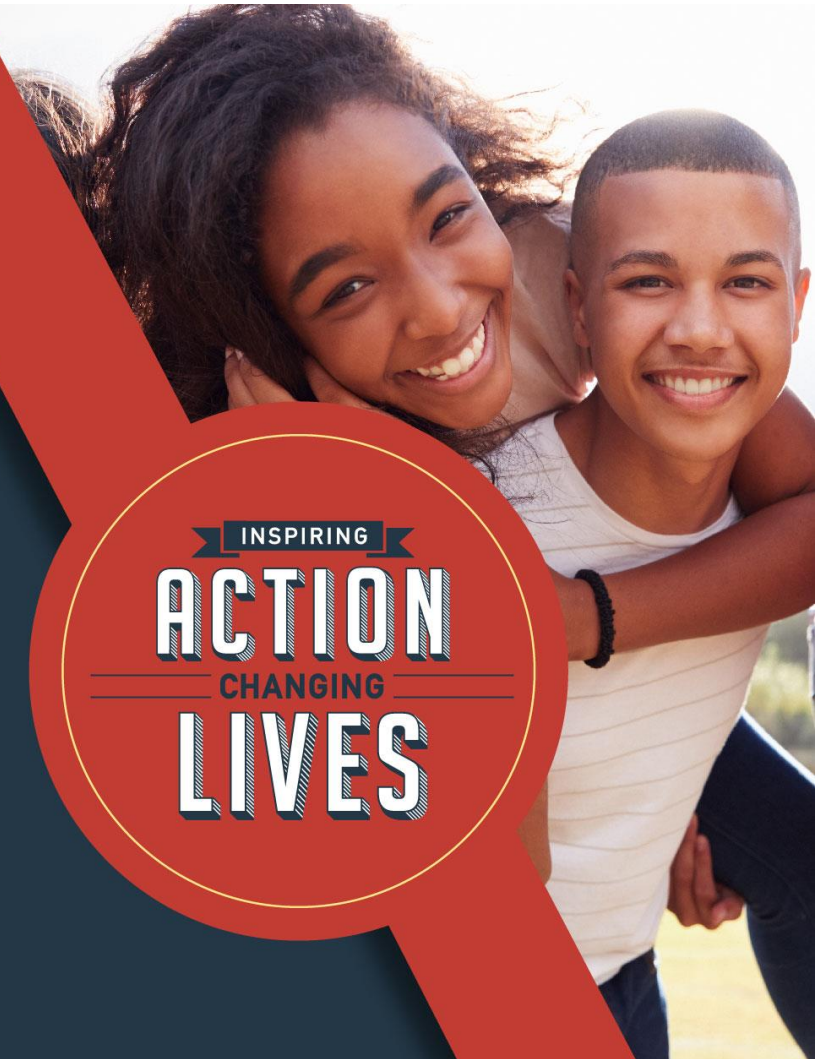


WEBINAR

## MARKETING IMPACT

How NPW Amplifies Community Prevention Programs, Campaigns, and Initiatives

NOVEMBER 15, 2018 | 2:00 – 3:00 P.M. EST





# Tell Us What You Think

Please fill out the post-meeting survey that will pop up once this meeting ends.

For more information, visit:  
[www.samhsa.gov/prevention-week](http://www.samhsa.gov/prevention-week)



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