***Citation:***

Long, P., McAndrew, L., Kimber, J., Brunkow, A., Cannon, M., & Winograd, D., (2020, August). Examining the relationship between opioid misuse and suicidality level. Poster to be presented at the 128th Annual Convention of the American Psychological Association, Washington, D.C.

**Background:** People with chronic pain are more than twice as likely to complete suicide attempts compared to the general population (Racine, 2008). Little is known about the mechanisms through which suicidal ideation turns into action among this population. One explanation might be opioid misuse. People with chronic pain are often prescribed long-term opioid therapy to treat their pain, and are at particularly high risk of misusing opioids (Turk, Swanson, & Gatchel, 2008).Among the general population, prescription opioid misuse has been found to be associated with suicidal ideation, planning, and attempts (Ashrafioun, Bishop, Conner, & Pigeon, 2017). Opioid misuse may lower inhibition and increase impulsive behavior increasing the likelihood that patients act on their suicidal ideation. The purpose of this study was to elucidate the relationship between opioid misuse and suicidality among people with chronic pain.

**Methods:** We asked a national sample of 1090 people with chronic pain who reported feeling hopeless about their pain about their suicidal thoughts (i.e., ideation) and behaviors (i.e., attempts) in the past year. We defined suicide risk level with three categories: low risk (i.e., feel hopeless but no reported suicidal ideation within the past year), moderate risk (i.e., reported suicidal ideation but no attempts), and high risk (i.e., reported suicide attempt(s) within the past year). Opioid misuse was measured by a modified version of the Current Opioid Misuse Measure (COMM). We tested our hypotheses with a chi-square analysis.

**Results:** More than half of the sample reported taking opioids (53%), and 79% of those taking opioids screened positive for opioid misuse. In the total sample, 64% were low risk, 27% were moderate risk, and 9% were high risk for suicide. Among those who misuse opioids, 56% were low risk, 27% were moderate risk and 17% were high risk for suicide. Among those who use opioids without misuse, 73% were low risk, 24% were moderate risk and 3% were high risk for suicide. Among those who do not use opioids, 64% were low risk, 28% were moderate risk and 9% were high risk for suicide. There was a significant association between suicidality risk and opioid misuse, χ2(2) = 62.39, *p*<.000.

**Discussion:** We found thatamong people with chronic pain, opioid misusers are more likely to have attempted suicide within the past year than opioid users or those who do not currently take opioids. Further still, findings suggest that the relationship between opioid misuse and suicide risk is not linear: people in all groups had comparable rates of ideation, but those who misuse opioids are most likely to act on this ideation. Clinical implications include asking people with chronic pain about their history of suicidal thoughts and behaviors and current opioid use behavior.

References

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